



Employee Benefit Guide | 2022

Medical | Dental | Vision | Life/AD&D | EAP





Service Provider Information

Medical

UNITEDHEALTHCARE
844.333.7525
www.myuhc.com
Policy #00Y5600

Health Reimbursement Account

CHARD SNYDER
800.982.7715
f. 513.459.9947
www.chard-snyder.com

Wellness Program

OSU WEXNER MEDICAL CENTER
Jenn McDougall
614.685.9535
<http://www.mywellsite.com/iwp/plaintwp>

Dental

DELTA DENTAL
800.524.0149
www.deltadentaloh.com
Policy #2235-001

Vision

THE STANDARD
800.547.9515
www.standard.com
Policy #756344

Basic Life / AD&D and Voluntary Life / AD&D

THE STANDARD
800.628.8600
www.standard.com
Policy #756344

Employee Assistance Program

IMPACT SOLUTIONS
800.227.6007
<https://allonehealth.com/impact-solutions/>
Username: plaineap

Travel Assistance Program

Assist America
1.800.872.1414 from the U.S.
1.609.986.1234 from anywhere else in the world
www.standard.com/travel
Policy #756344

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The information in this Enrollment Guide is presented for illustrative purposes only. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

For additional questions or comments about our programs, please contact Township Administration.

OUR COMMITMENT TO YOU | A plan designed for your needs

Plain Township's plans are designed to recognize the diverse needs of our workforce. We continually look for new ways to enhance our benefits options by providing competitive and comprehensive plans that allow you to design your own coverage based on your individual needs.

Only you can determine which benefits are best to create long-term financial security for you and your family. We want you to understand all your coverage options and make informed decisions.

This benefit guide is a brief overview of the plans and options available to you. A full description of benefits may be found in the Certificate of Coverage for each benefit plan. In the event of any discrepancy, the terms of any plan certificate will prevail.

BENEFIT BASICS

Eligibility

Any full-time employee that works 30 or more hours per week is eligible to participate in our benefit plans. New hires are eligible for benefits on their Date of Hire. Legal spouses, natural children, step-children, or legally adopted children or foster children are also eligible for benefits, unless otherwise stated in the specific benefit's Certificate of Coverage. Dependent children are covered to age 26 regardless of student status.

For new hires, you **must** make your benefit elections within your first 30 days of employment.

The Open Enrollment period to apply for benefits is December 1st to December 31st each year. If you do not enroll for coverage during Open Enrollment, you will not be able to enroll until the next Open Enrollment period unless you have a Qualifying Event.

Qualifying Events

Your elections for the plan year will remain in effect for the full year unless you experience a Qualifying Event. If you experience a Qualifying Event as listed below, you may change or cancel your coverage during the plan year to meet your needs. **You must notify Township Administration within 30 days of the event to ensure there is no disruption of your coverage:**

Birth/Adoption	Dependent Child Age Limit
Divorce	Marriage
Death	Spouse Loss of Coverage
FMLA Leave	

For a complete list of Qualifying Events, contact Township Administration.

It is important you notify Township Administration promptly of any Qualifying Event so we can ensure there is no interruption or error in your benefits. Any request for a coverage change or cancellation must be consistent with your Qualifying Event and must have the proper documentation to support the change (i.e. birth certificate, marriage license, final divorce paperwork, etc.).

MEDICAL INSURANCE



You have the option to elect medical coverage through UnitedHealthcare (UHC). Your new health plan ID card will be mailed within 30 days of enrollment. The card includes your plan information and phone numbers for claims and customer service. You can also download a copy of your card from myuhc.com or the UnitedHealthcare mobile app.

Preventive care is covered 100% in the UHC network. This includes your annual physical exam, as well as certain health screenings and immunizations. To find a participating in-network medical provider, you can visit www.myuhc.com and click the "Find a Doctor" button, call the number on the back of your health plan ID card, or use the UnitedHealthcare mobile app.

UnitedHealthcare		
Choice Plus PPO Network	In-Network	Out-of-Network
Deductible (Single / Embedded Family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Plain Township HRA Funding (Single / Family)	Reimburses first \$4,000 / \$8,000 ¹	No HRA reimbursement
Employee Responsibility (Single / Family)	You pay the last \$1,000 / \$2,000 ²	You are responsible for all costs
Copays / Coinsurance (Single / Embedded Family)	\$2,500 / \$5,000	\$10,000 / \$20,000
Plain Township HRA Funding (Single / Family)	Reimburses full \$2,500 / \$5,000 ¹	No HRA reimbursement
Out-of-Pocket Limit (Single / Embedded Family)	\$7,500 / \$15,000	\$20,000 / \$40,000
Preventive Care	No charge	50% after deductible
Primary Care Office Visit	<u>Designated Network:</u> No charge <u>Main Network:</u> Deductible	50% after deductible
Specialist Office Visit	<u>Designated Network:</u> \$75 copay <u>Main Network:</u> \$75 copay after deductible	50% after deductible
Virtual Visit	No charge	N/A
Urgent Care Visit	\$50 copay	50% after deductible
Emergency Room Visit	\$750 copay after deductible (Copay waived if admitted)	Same as In-Network benefit
Inpatient Services		
Hospitalization	\$2,000 copay after deductible	50% after deductible
Skilled Nursing & Hospice	\$2,000 copay after deductible	50% after deductible
Mental Health & Substance Abuse	\$2,000 copay after deductible	50% after deductible
Outpatient Services		
Surgery	\$750 copay after deductible	50% after deductible
Major Lab / X-Ray / Diagnostic Imaging	\$500 copay after deductible	50% after deductible
Minor Lab / X-Ray / Diagnostic Imaging	Deductible	50% after deductible
Physical Therapy / Manipulative Treatment	Deductible	50% after deductible
Mental Health & Substance Abuse	<u>Normal Outpatient:</u> No charge <u>Intensive Outpatient:</u> Deductible	50% after deductible
Prescription Drugs – Retail (31-Day Supply) ^{3,5}		
Tier 1	\$10 copay (HRA reimburses \$2)	\$10 copay (No HRA reimbursement)
Tier 2	\$35 copay (HRA reimburses \$20)	\$35 copay (No HRA reimbursement)
Tier 3	\$70 copay (HRA reimburses \$55)	\$70 copay (No HRA reimbursement)
Prescription Drugs – Mail Order (90-Day Supply) ^{4,5}		
Tier 1	\$25 copay (HRA reimburses \$9)	Not covered
Tier 2	\$87.50 copay (HRA reimburses \$57.50)	Not covered
Tier 3	\$175 copay (HRA reimburses \$145)	Not covered

1. Minus applicable cost shares for drugs.

2. Can earn Wellness Credits to cover this amount, minus applicable cost shares for drugs.

3. If you purchase a medication from an Out-of-Network Pharmacy, you are responsible for the difference between what that pharmacy charges and the amount UHC would have paid for the same medication dispensed by an In-Network Pharmacy.

4. Some medications might not be available for Mail Order. Please visit www.myuhc.com or call Customer Care at the telephone number on the back of your ID card for more information.

5. Includes Specialty Drugs. Specialty Drugs limited to a 31-day supply unless different based on the drug manufacturer's packaging size or supply limits.



	Total Monthly Premium	Plain Township Monthly Contribution	Employee Monthly Contribution	Employee Per-Pay Contribution (24 Pays)
Employee	\$605.61	\$548.61	\$57.00	\$28.50
Employee + Spouse	\$1,207.57	\$1,093.57	\$114.00	\$57.00
Employee + Child(ren)	\$1,194.90	\$1,080.90	\$114.00	\$57.00
Family	\$1,805.29	\$1,634.29	\$171.00	\$85.50

HEALTH REIMBURSEMENT ACCOUNT (HRA) FUNDING PLAN

Your HRA and Deductible Claims

\$0 → \$5,000

First \$4,000 of deductible claims are funded by the Township through the HRA*

Last \$1,000 of deductible claims can be funded through the HRA* with Wellness Credits earned last year

*Minus applicable cost shares for drugs

Employees and enrolled Spouses must both participate in Wellness activities to earn their respective \$1,000 in Wellness Credits. Once the deductible is met, most medical services are covered 100%. Some medical services are still subject to a copay, but that copay is funded by the Township through the HRA – except for any applicable cost shares for drugs.

Single Coverage

Plain Township will reimburse you for the first \$4,000 of your \$5,000 deductible, along with any applicable copays. Once you incur \$4,000 in deductible expenses, you are responsible for the last \$1,000 of the deductible, which can be paid with Wellness Credits earned last year. After your \$1,000 deductible responsibility is met, Plain Township will once again reimburse you for all remaining expenses. In all cases, however, members will be responsible for an \$8 / \$15 cost share for Retail and Specialty prescription drugs and a \$16 / \$30 cost share for Mail Order drugs.

Family Coverage

This plan utilizes an embedded family deductible, which means each family member will not pay more than a \$5,000 single deductible, and all family members combined will not pay more than a \$10,000 family deductible in-network. An embedded family deductible helps protect families from incurring the full \$10,000 family deductible all at once because no family member will incur more than \$5,000 in deductible expenses.

Both Employees and enrolled Spouses must have earned their own Wellness Credits last year to cover their portion of this year's deductible. Members with Employee + Child(ren) coverage will earn double Wellness Credits.

How to Be Reimbursed

Claims can be filed online at www.chard-snyder.com, submitted through the Chard Snyder mobile app, or faxed to 888.245.8452. Chard Snyder will issue payments directly to you by check or direct deposit for expenses that are reimbursable.

WELLNESS CREDITS

Earn points now for 2023 Wellness Credits. Deadline for completion is December 31, 2022:

- Non-Tobacco
- Preventive Annual Examination
- Community / Wellness Activity attendance
- Exercising / Logging Steps
- Completing other Wellness Activities & more



OSU Wexner Medical Center Wellness Portal

<http://www.mywellsite.com/iwp/plaintwp> or download the app on your smartphone!

How to Earn Wellness Credits

Ways to Earn Wellness Points during 2022 towards your 2023 PLAIN TOWNSHIP Wellness HRA:

Item	Activities	Points	Annual Max.
Engage			
1	Engage In Onsite Activity at Fire House 1st and 3rd week of each month: Wednesday, Thursday, Friday 9:00-10:30 am	50	1000
2	Engage In Onsite Activity at Administration Building: Dimensions of Wellness 2nd Wednesday of each month 1:00 pm -2:00 pm January – Nutrition-Fueling with Carbohydrates February – Know Your Numbers: Discuss BP, heart rate, & body fat % March – Emotional: Mindfulness, Stress-Relief & Work Place Yoga April – Environmental: Recycling/Conserving Energy in Home May – Financial: Financial Planning and Money Management June – Occupational Work/Life Balance July - Social: Social Interaction August : Intellectual: Brain Games/New Hobby/New Skill September – Home, Work, and Social Environment October – Creative: Ways to be creative and reducing stress November – Sleep: Ways to increase a better night's sleep December – Nutrition: Eating healthy during the holidays	50 50 50 50 50 50 50 50 50 50 50 50	500
3	Engage in Community Event 5k/10k run/walk Warrior Dash/Mud Run or similar Stair Climb/Firefighter Challenge or similar Half Marathon/ 20k /biathlon or similar Marathon/ 50k / triathlon or similar	40 50 50 100 200	200
4	Online Challenges (2X a year) New York Minute (Spring) Nutrition 101 (Fall)	50 50	100
5	Complete Wellness Portal Profile	50	50
6	Login to Wellness Portal	2	50
7	Read a Health Article	2	50
8	Complete End of Year Survey	50	50
9	Engage in Monthly Conversation on Health Article January – S.M.A.R.T. Goal Setting February – Heart Health March – Stress Awareness April – Environmental Awareness May – Financial Awareness June – Men’s Health July – Summer Sun Safety and Skin Cancer Detection August – Preventative Health Screening September – Sleep Awareness October – Women's Health and Breast Cancer Awareness November – Diabetes Awareness Month December – Nutrition Awareness and Understanding Food Labels	10 10 10 10 10 10 10 10 10 10 10 10	120
Healthy Activities			
10	Preventative Exam – Annual Physical/Yearly Checkup	100	100
11	Other Preventative Exam – Mammography, Colonoscopy, etc.	100	100
12	Quit Smoking/Don't Smoke/Don't Use Smokeless Tobacco	100	100
13	Health Risk Assessment Form (yearly)	100	100
14	Preventative Care – Dental Exam/Cleaning	50	50
15	Preventative Care – Obtain Flu Vaccine	50	50
16	Preventative Care – Obtain Immunization Vaccine (other than flu) - Includes COVID Vaccine	50	50
17	Preventative Care – Vision Exam	50	50
18	Ongoing Medical Condition Controlled with Physician	50	50
19	Utilize Asthma and Controller Medications	50	50
20	Take 10,000 Steps (track on Wellness Portal)	20	500
21	Complete 60 minutes of activity (track on Wellness Portal)	20	500
22	Track Daily Servings of Fruits and Vegetables	2	100
23	Track Daily Water Consumption	2	100
24	Engage in Heit Center “Moves for a Better World” Challenge	40	40

1 point = \$1 in Wellness HRA. Deadline for completion is December 31, 2022.

Employees and spouses enrolled in the Plain Township medical plan can each earn up to 1,000 points for \$1,000 in wellness credits (maximum of \$2,000 for family). (Employee + Child coverage earns double points since there is no enrolled spouse to earn points.)

Get started earning 2023 Wellness HRA Dollars: Log in to the Wellness Portal at www.MyWellSite.com/iwp/plaintwp

Complete your online Health Risk Assessment to earn 100 points!

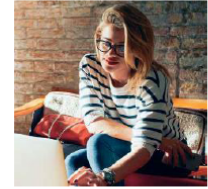
Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact HR and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



UNITED HEALTHCARE VALUE-ADDED SERVICES



myuhc.com® Start your health plan off right by registering on myuhc.com, a personalized website to help you understand your benefits and the financial impact of care decisions using tools designed to help you find, price, and save on care. Find a nearby doctor or facility, or get care from anywhere with Virtual Visits. View claim details, plan balances, and your health plan ID card. Follow through on clinical recommendations and access online wellness programs. You can also order prescription refills and compare medication pricing. Registering is quick – simply visit **myuhc.com**.



Employee Assistance Program. If you need guidance navigating mental health, financial, or legal concerns, take advantage of the Employee Assistance Program (EAP) for 24/7 support at no extra cost. EAP consultants are trained to understand your concerns so they can connect you with the resource or service best able to help you address depression, anxiety, or substance use issues, improve relationships at home or work, manage stress, work through emotional issues or grief, and assist with legal and financial concerns. One call puts you in touch with a clinician, counselor, mediator, lawyer, or financial adviser who could help change your life for the better.

Call the member phone number on your health plan ID card and ask to speak to an EAP consultant. Or, contact EAP directly 24/7 at **888.887.4114**.

Find Care and Cost Tools. Did you know the same medical test, image, or procedure can cost *thousands* of dollars more between two different facilities within a 5-mile radius? Price isn't always a measure of quality, as the higher-cost facility may actually have a higher rate of medical complications. Find the best value for your healthcare dollars in terms of price *and* quality by visiting **myuhc.com** and using the **Find Care and Cost** tools. Review cost and care options before making an appointment, access personalized cost and provider information specific to your medical plan, and read provider ratings created by patients. Members who check their cost and quality options on myuhc.com end up savings an average of 36% on their services!



Maternity Support Program. If you're thinking about having a baby or have one on the way, the Maternity Support Program is here to provide information and support throughout your pregnancy and after giving birth. When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer your questions and help you with issues such as:

- Choosing a doctor, nurse midwife, pediatrician, or other specialist
- Finding information to help you take care of yourself and the health of your baby – especially if your pregnancy is considered high-risk
- Getting support to help manage your physical and emotional health before and after your baby is born

For more information, call **877.201.5328** or visit www.myuhc.phs.com/maternitysupport. Services are available Monday-Thursday, 8:00am to 8:00pm and Friday, 8:00am to 5:00pm Central Time. You can also download the **UnitedHealthcare HealthyPregnancy**™ mobile app through the **Apple® App Store®** or **Google Play™** to track milestones, set reminders, get daily tips, find resources, and more.

OptumRx® Mail Service Member Select™. When you fill your prescriptions at a retail pharmacy, you're not just paying for the medication – you're also paying a cost markup on all the other products the pharmacy sells. Why not eliminate the extra expense and time by having your medications shipped directly to your home? With OptumRx Mail Service Member Select, you can have a 90-day supply of most medications mailed to your door for a 75-day price. You can also speak to a pharmacist 24/7 who can answer your medication questions and even set up text and email reminders to help you remember to take or refill your prescriptions. Visit **myuhc.com** to register for mail-order service and manage your medications online.



Prescription Drug Cost-Saving Tips:

- Ask for the generic version of a medication. It has the same active ingredients as the brand version but usually costs 80% less.
- Use apps like OneRx or GoodRx to shop around and find the best price for your medications.
- Switch your monthly prescriptions to mail-order pharmacy to avoid the price markup many retail pharmacies charge on drugs.



Quit For Life® Program. Tobacco users spend nearly \$3,200 per year more on healthcare than nontobacco users. This clinically proven tobacco cessation program, offered in collaboration with the American Cancer Society, uses an evidence-based combination of physical, psychological, and behavioral strategies to help you overcome tobacco addiction. You have access to a Quit Coach for the duration of the program to help you make a plan, set a quit date, and provide ongoing support. You also have access to the Text2Quit® text messaging program, nicotine replacement therapy, and urge-management tools throughout the process to help improve your confidence and motivation to quit. Register at myuhc.com and download the **Quit For Life mobile app** through the **Apple® App Store®** or **Google Play™**.

Rally®. Rally is a fun and easy-to use app designed to help you make small changes to your daily routine, set smart goals, and track your progress to help you move more, eat better, and improve your health – and have fun doing it! You’ll start with a quick Health Survey to determine your “Rally Age” and assess your overall health. Rally will then recommend “missions” for you, which are activities designed to help improve your diet, fitness, and mood. You earn “Rally Coins” for participating in missions, completing healthy activities, and pushing yourself in challenges. You can then use those Coins for chances to win rewards such as apparel, electronics, movie theater and sports tickets, and Amazon gift cards. Register at myuhc.com and download the **Rally mobile app** through the **Apple® App Store®** or **Google Play™**.

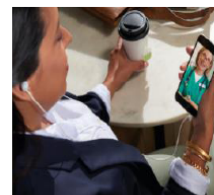


Real Appeal. Real Appeal is a free digital program that provides you and your enrolled family members ages 19 and up with everything you need to lose weight and keep it off. Members also receive support and motivation for a full year from a personal transformation coach to help maintain results. On average, participants lose 10 pounds after attending just 4 online classes! Join the thousands of members who have lost nearly 1 *million* combined pounds by registering at success.realappeal.com.

The Real Appeal program includes:

- A Success Kit delivered after your first class, which includes a bodyweight scale, a food-measuring scale, workout DVDs, a workout band, a nutrition guide, recipe books, and much more – all at no cost to you!
- A personal transformation coach to provide you with step-by-step guidance and customization of a weight loss program that meets your preferences and goals, as well as motivation and support.
- A personalized dashboard to help you keep track of your food, calories, activities, weight loss, and goals.
- Unlimited access to digital fitness, exercise, weight loss, and nutrition content.
- Weekly health tips from celebrities, athletes, and health experts.
- Online group classes designed to help you build camaraderie and accountability with others in the program.

Virtual Visits. Whether you’re at work, at home, or travelling, a Virtual Visit lets you talk with a doctor by video chat 24/7. Virtual Visit doctors can also prescribe certain medications for common illnesses and ailments like allergies, bronchitis, colds, coughs, eye infections, the flu, headaches/migraines, rashes, sinus infections, sore throats, stomachaches, and more. Best of all, Virtual Visits are no cost under your UnitedHealthcare plan!



Members can access Virtual Visits on myuhc.com® or the **UnitedHealthcare mobile app**. There are no additional accounts to set up or apps to download.



UnitedHealthcare® Mobile App. Download the **UnitedHealthcare mobile app** through the **Apple® App Store®** or **Google Play™**. Search for providers, get health care cost estimates for specific procedures and treatments, review hospital quality and safety data, access your ID card, order prescription refills, view claim statuses, and get real-time information on account balances, deductibles, and out-of-pocket expenses anytime, anywhere. You can even pay medical bills directly from the app!



CARE OPTIONS

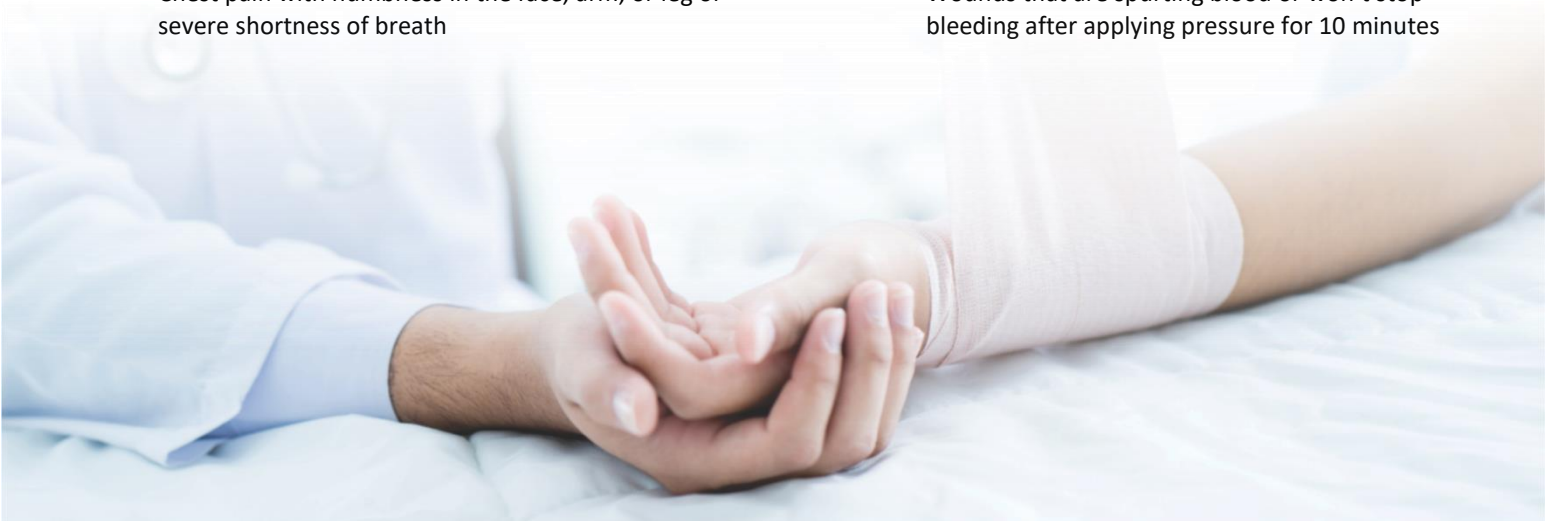
The emergency room (ER) isn't your only choice for after-hours care. When your physician is unavailable, you have several options that are faster and much less costly than the ER. Consider the following:

Deciding where to go...	ER	Urgent Care	Doctor's Office	Health Clinic	Virtual Visits
National average cost per visit	\$1,200	\$190	\$125	\$85	\$0
Animal bites, stings	X	X			Can advise
Back pain	X	X	X		Can advise
Bumps, cuts, scrapes	X	X	X	X	Can advise
Burning with urination	X	X	X	X	X
Coughs, sore throat	X	X	X	X	X
Ear or sinus pain	X	X	X	X	X
Eye swelling, irritation, redness, pain	X	X	X	X	X
Mild asthma, bronchitis	X	X	X		X
Minor allergic reactions	X	X	X	X	X
Minor burns, rashes	X	X	X	X	Can advise
Minor fevers, colds	X	X	X	X	X
Minor headaches	X	X	X		X
Nausea, vomiting, diarrhea	X	X	X		X
Sprains, strains	X	X			Can advise
Stitches	X	X			
Vaccinations	X	X	X	X	
X-rays	X	X			

You should always call 911 or go to the ER if you think delaying care will put your health at serious jeopardy, but for minor medical issues, using health clinics, urgent care centers, and Virtual Visits could save you a lot of time and money. Virtual Visits can be especially helpful for issues that occur in the middle of the night since the doctor can physically "see" you through the camera. He or she can help you determine if the condition warrants a late-night trip to the ER or if it can wait until your physician's office, local health clinic, or urgent care center opens in the morning.

There are some instances, however, where a trip to the ER is definitely advised, including:

- Any life-threatening or disabling condition
- Sudden or unexplained loss of consciousness
- Face tingling or difficulty speaking
- High fever with stiff neck or mental confusion
- Chest pain with numbness in the face, arm, or leg or severe shortness of breath
- Coughing up or vomiting blood
- Severe abdominal pain
- Head trauma
- Any injuries in which the bone is exposed
- Wounds that are spurting blood or won't stop bleeding after applying pressure for 10 minutes



DENTAL INSURANCE *(Employer Paid)*



Your smile does more than just brighten up a room – it’s an indicator of your overall physical health. Many diseases such as diabetes, leukemia, oral cancer, pancreatic cancer, heart disease, kidney disease, and osteoporosis first present signs and symptoms in the mouth, and regular dental checkups allow for early detection of these underlying medical issues. Furthermore, certain dental disorders can cause other problems within the body if left untreated. In essence, good dental health promotes good overall health.

Plain Township provides all full-time employees with dental coverage through Delta Dental at no charge. Your dental plan lets you visit any licensed dentist or specialist you want, but costs are normally lower when you choose a provider within the Delta Dental PPO / Premier network.

Delta Dental			
Point of Service Plan	In Network		Out-of-Network
	PPO	Premier	
Annual Deductible <i>(Single / Aggregate Family)</i>	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum	\$2,500 per person	\$2,500 per person	\$2,500 per person
Orthodontic Lifetime Benefit Maximum	\$1,500 per child	\$1,500 per child	\$1,500 per child
Dental Services		YOUR PLAN PAYS	
Diagnostic & Preventive Services			
<i>Exams & Cleaning (2x in 12 months)</i>	100%	100%	100% of UCR*
<i>X-Rays (Bitewing 1x/Yr, Full Mouth 1x/5Yrs)</i>	(Deductible does not apply)	(Deductible does not apply)	(Deductible does not apply)
<i>Palliative Care / Emergency Treatments</i>			
Basic Services			
<i>Minor Restorative - Fillings & Crown Repair</i>	80%	80%	80% of UCR*
<i>Endodontics / Periodontics</i>			
<i>Oral Surgery Services, Relines & Repairs</i>			
Major Services			
<i>Bridges, Implants, and Dentures</i>	60%	60%	60% of UCR*
<i>Restorative (Crowns)</i>			
Orthodontic Services			
<i>Dependent children to age 19 only</i>	60%	60%	60% of UCR*
	(Deductible does not apply)	(Deductible does not apply)	(Deductible does not apply)

Out-of-Network dentists can balance bill you for charges beyond what Delta Dental pays. Although you may visit any dentist for treatment, you will not be balance-billed if you visit a Delta Dental PPO or Premier dentist.



Have you maxed-out your dental benefits for the year?

Do you need dental services that aren't covered by the plan?

In Ohio, Delta Dental members have Non-Covered Service Benefits. If you visit an Ohio Delta Dental PPO or Premier provider, you will always receive the Delta Dental contracted rate, even if the service is not covered by the plan. Examples include teeth whitening, adult orthodontia, and services received after the plan's Annual Benefit Maximum is exhausted.

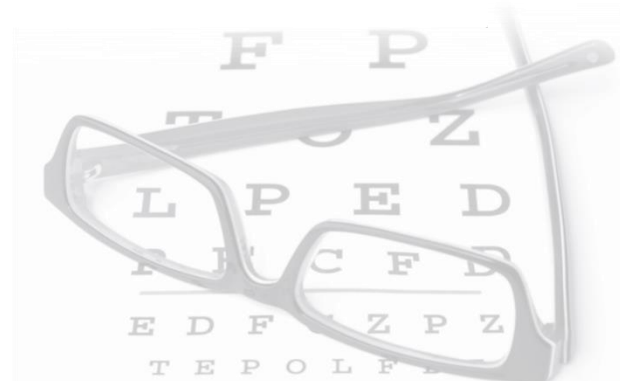
VISION INSURANCE *(Employer Paid)*



Plain Township provides all full-time employees with vision coverage through The Standard at no charge. Good vision helps reduce accidental injuries, and routine eye exams can detect evidence of cataracts, glaucoma, and even certain brain tumors. To find a network provider, visit www.standard.com or call 800.547.9515.

The Standard	
VSP Signature Network	In-Network
Benefit Frequency	
Well Vision Exam	Every 12 months
Lenses <i>(in lieu of Contacts)</i>	Every 12 months
Frames <i>(in lieu of Contacts)</i>	Every 12 months
Contacts <i>(in lieu of Lenses and Frames)</i>	Every 12 months
Eye Examination	
Examination	\$10 copay
Frames	
Eyeglass Frames	\$25 copay up to \$130; 20% off remaining balance (Copay waived if lenses purchased with frames)
Standard Plastic Lenses	
Standard Single Vision	\$25 copay
Lined Bifocal	\$25 copay
Lined Trifocal	\$25 copay
Lenticular	\$25 copay
Contact Lenses	
Elective (Conventional or Disposable)	\$0 copay up to \$130
Medically Necessary	\$25 copay
Fitting and Evaluation	\$60 charge
Cosmetic Options / Lens Enhancements*	
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. You are responsible for the difference between the base lens charge and the Progressive Lens charge.
Standard Polycarbonate Lenses	Children: Covered in full Adults: \$25 charge
Scratch Resistant Coating	\$15 to \$29 charge
Anti-Reflective Coating	\$39 to \$75 charge
Ultraviolet Coating	\$14 charge
Photochromatic Lenses (Glass or Plastic)	\$27 to \$76 charge

* Not available at Costco





BASIC TERM LIFE / AD&D INSURANCE *(Employer Paid)*

Plain Township provides all full-time employees with \$50,000 of basic term life / AD&D coverage through The Standard at no charge. The benefit decreases to 50% at age 70 and terminates at retirement. A separate benefit is paid to repatriate your mortal remains if you die while in another country.

If your death results from an accident, additional benefits may be paid to your beneficiaries, including:

- Seat Belt Benefit
- Air Bag Benefit
- Line of Duty Benefit
- Spouse Career Adjustment Benefit
- Child Care Benefit
- Child Higher Education Benefit

Your basic life/AD&D coverage also includes the Life Services Toolkit, which provides the following services:

- **Services for You (Visit www.standard.com/mytoolkit, Username: assurance)**
 - **Estate-Planning Assistance.** Online tools (found in the Legal Forms section) to walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney, and health care agent forms.
 - **Financial Planning Assistance.** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
 - **Funeral Planning Resources.** Calculate funeral costs, find funeral-related services, and make decisions about funeral arrangements in advance.
 - **Health and Wellness Education.** Timely articles about nutrition, stress management, and wellness help you and your family lead healthy lives.
 - **Identity Theft Education.** Ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Services for Your Beneficiaries (Visit www.standard.com/mytoolkit, Username: support)**
 - **Funeral Planning Resources.** Beneficiaries can receive help planning a funeral or memorial service during an emotional time, including online resources to calculate funeral costs, find funeral-related services, and make decisions about funeral arrangements.”
 - **Grief Support.** Clinicians with master’s degrees are on call to provide confidential grief sessions by phone or in person. Beneficiaries are eligible for up to 6 face-to-face sessions and unlimited phone contact.
 - **Legal Services.** Beneficiaries can obtain legal assistance from experienced attorneys, including an initial 30-minute office and a telephone consultation with a network attorney and a 25% discount on the attorney’s normal hourly fees if services are retained. Beneficiaries can also obtain an estate-planning package that consists of a simple will, a living will, a health care agent form, and a durable power of attorney.
 - **Financial Planning Assistance.** Beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.
 - **Work/Life Support Services.** Beneficiaries can easily access additional services and features on the Life Services Toolkit website. Work-life advisors can guide them to resources to help manage household repairs and chores, find child and elder care providers, and organize a move or relocation.



VOLUNTARY TERM LIFE / AD&D INSURANCE



Plain Township offers you the opportunity to purchase additional amounts of term life and AD&D insurance for yourself, your spouse, and your child(ren) through The Standard at affordable group rates, with little to no underwriting involved. These coverages are sold together and cannot be purchased separately. Also, you must purchase coverage for yourself to purchase coverage for your spouse and/or children.

Voluntary Term Life / AD&D Benefits	
Employee Benefit	\$10,000 increments to \$300,000. Benefits decrease to 50% at age 70.
Guarantee Issue Amount	\$50,000, but only when newly eligible.
Spouse Benefit¹	\$5,000 increments to \$150,000. Benefits decrease to 50% at age 70.
Guarantee Issue Amount	\$20,000, but only when newly eligible.
Child Benefit (Birth to 26 years)	\$5,000 or \$7,500
Guarantee Issue Amount	\$7,500

¹ Spouse Benefit cannot exceed Employee Benefit.

Reasons to purchase additional term life insurance include:

- Provide your spouse and children with money while they adjust to the loss of your life and income.
- Pay off your mortgage and other debt so your spouse and children no longer have those expenses.
- Provide funds for your children's future education.
- Provide an inheritance for your children.
- Provide a charitable contribution upon your death.



Note, however, that you are much more likely to survive a major accident but be seriously injured and perhaps permanently disabled by it. The accidental death & dismemberment coverage that is included with your voluntary term life insurance and can be used to:

- Provide money if you are unable to work and earn a paycheck due to a dismembering accidental injury.
- Pay your medical bills.
- Pay for advanced prosthetic devices or experimental treatments that aren't covered by your medical insurance.
- Pay for modifications to your home and vehicle to accommodate your disability, such as wheelchair ramps, chair lifts, lowering your cabinets, etc.
- Pay for a dream vacation after surviving your accident or to recover somewhere relaxing.
- Double your Life insurance benefit if you die as the result of an accident.

To calculate your voluntary term life / AD&D per-pay cost:

1. Determine the amount of coverage you wish to purchase for yourself (\$10,000 increments to \$300,000) and divide by \$1,000, then multiply by the rate listed for your age range in the table below.
2. If adding Spouse coverage, determine the amount of coverage you wish to purchase for your spouse (\$5,000 increments to \$150,000, not to exceed your own coverage amount) and divide by \$1,000, then multiply by the rate listed for your age range (not your spouse's age) in the table below. Add that number to your per-pay cost.
3. If adding Child coverage, add \$0.58 to your per-pay cost for the \$5,000 option, or \$0.87 to your per-pay cost for the \$7,500 option. (These amounts are for all children combined.)

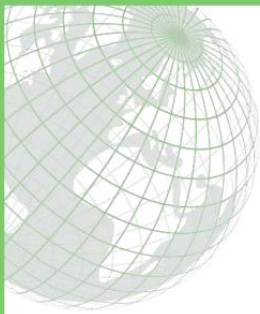
Voluntary Term Life / AD&D Rates per \$1,000 of Benefit											
Per-Pay Cost (24 Pays)											
Member	Under Age 30 ¹	Age 30-34 ¹	Age 35-39 ¹	Age 40-44 ¹	Age 45-49 ¹	Age 50-54 ¹	Age 55-59 ¹	Age 60-64 ¹	Age 65-69 ¹	Age 70-74 ¹	Age 75+ ¹
Employee	\$0.04	\$0.045	\$0.055	\$0.08	\$0.105	\$0.185	\$0.295	\$0.39	\$0.60	\$1.04	\$1.785
Spouse²	\$0.04	\$0.045	\$0.055	\$0.08	\$0.105	\$0.185	\$0.295	\$0.39	\$0.60	\$1.04	\$1.785
Child^{3,4}	\$0.115 (Total Child cost is \$0.575 per pay for the \$5,000 option or \$0.8625 per for the \$7,500 option)										

¹ Age is as of last January 1

² Spouse's rate is based on Employee's age.

³ Child benefits end at age 26.

⁴ Child rate is for all children combined.



Employee Assistance Program Overview

LIVE, IMMEDIATE ASSISTANCE

Access your IMPACT EAP through 24/7 Telephone Support, Mobile App with Chat Functionality, and Web Portal.

PERSONAL ASSISTANT

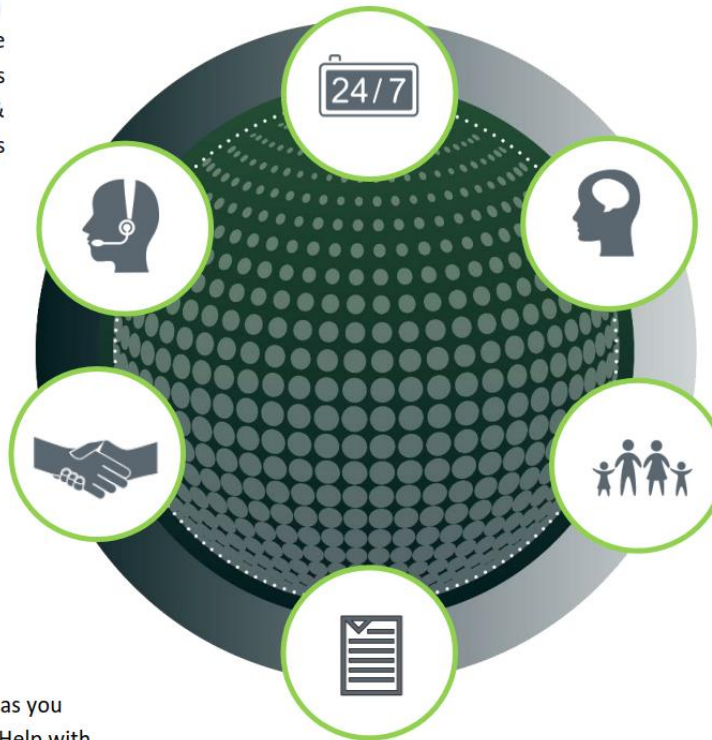
A Personal Assistant helps you with your "to do" list. We help lighten the load through researching the best options for services such as entertainment & dining, travel & tourism, household professionals and more.

LIFE/WELLNESS COACHING

A Life Coach can help you with mindfulness training to improve your resilience to stress, nutritional guidance, caregiver stress, tobacco cessation, enhancing self-confidence and motivation, time management and more.

MEDICAL ADVOCACY

Medical Advocates offer support as you navigate the health care system. Help with insurance navigation, health care transportation, durable medical equipment, discharge planning, medical appointment preparation, advocacy and research.



MENTAL HEALTH COUNSELING

Up to 3 complimentary counseling sessions per person, per occurrence with face-to-face, telephonic, video or chat options. Request counseling services through our mobile app, online support request and chat functionality feature. Automated appointment reminders and follow-up.

WORK/LIFE REFERRAL SERVICES

Trained work/life specialists provide information, resources, and referrals on a wide range of daily living needs. Services include expert advice and perspective on how to approach a child, adult or elder care situation as well as 3 to 5 prescreened list of providers.

LEGAL/FINANCIAL/IDENTITY THEFT CONSULTATION

Expert advice from vetted professionals who can help with a wide range of legal matters and financial concerns including identity theft, tax consultation, retirement planning, debt management, budgeting, bankruptcy prevention, housing issues, student loan education and more.

ALWAYS AVAILABLE, CONFIDENTIAL & AT NO COST TO YOU!

24/7 SUPPORT: 800-227-6007

All employees, spouse/partner, household members, dependents in and away from home, and parents/parents-in-law are eligible to use any of the IMPACT services.

A Benefit Provided By:



IMPACT Solutions EAP WEBSITE – MyLifeExpert

Visit us on the web at www.MyImpactSolution.com

Your Company Code: **plaineap**

HOW TO SET UP YOUR LOGIN

STEP 1: Visit MyImpactSolution.com

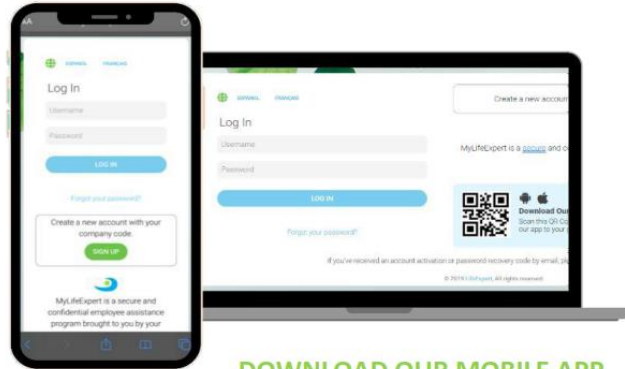
STEP 2: Click on “MY LIFE EXPERT LOGIN”

STEP 3: SIGN UP here:

Create a **new account** with your company code.



STEP 4: Enter your Company Code: plaineap and follow the instructions in your activation email. YOU ARE DONE!



DOWNLOAD OUR MOBILE APP



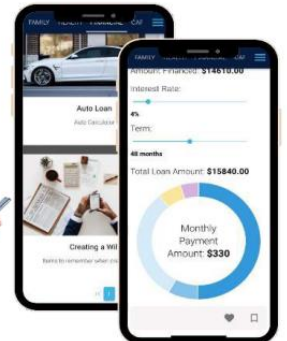
How can I access MyLifeExpert from my phone?

Scan this QR Code or visit mylifeexpert.com from your mobile device to download our PWA to your home screen.



THOUSANDS OF WORK/LIFE RESOURCES

Vetted articles, videos, calculators and worksheets. Quick health and lifestyle assessments. Webinars, soft skills courses, resource locators and our popular “Discount Center” and so much more.



INTERACTIVE CHECKLISTS

Life Expert provides you with interactive tools to help with issues such as family, health, and other life situations.



IMPACT SOLUTIONS

An AllOne Health Company

TRAVEL ASSISTANCE

Travel assistance is included for you, your spouse, and your children under age 26 with your coverage through The Standard and is provided by Assist America. This benefit provides you with help before and during your trip and is available when you travel internationally or more than 100 miles from home domestically for business or pleasure on trips lasting less than 180 days. Simply call **1.800.872.1414** from the U.S. (or **1.609.986.1234** anywhere else in the world) or visit www.standard.com/travel to access the following services:

- Logistical arrangements for ground transportation, evacuation, or housing in the event of a natural disaster, political unrest, or social instability
- Emergency replacement of lost/stolen tickets, credit cards, passports, baggage, medications, and contact lenses
- Connection to medical care providers, interpreter services, attorneys, consular offices, or bail bond services
- Return trip home for dependent or travel companion if travel is disrupted due to your medical emergency
- Passport, visa, weather, and currency exchange information
- Fund transfers and advances for legal or medical issues
- Health hazards advice and inoculation requirements
- Emergency medical evacuation and repatriation



COMPLIANCE NOTICES

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

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 PATIENT PROTECTIONS AND PROVIDER CHOICE

Plain Township generally **allows** 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 **Ben Collins – Township Administrator at 614-855-2085**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from **Plain Township** 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 **Ben Collins – Township Administrator at 614-855-2085**.

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 31 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 **31 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact **Ben Collins – Township Administrator at 614-855-2085**.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICES

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 following deductibles and coinsurance apply:

- **\$5,000 individual deductible, then a \$2,000 copay if inpatient or a \$750 copay if outpatient**

If you would like more information on WHCRA benefits, call your plan administrator at **614-855-2085**.

GENERAL NOTICE OF COBRA RIGHTS

**** Continuation Coverage Rights Under COBRA****

Introduction

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

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

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

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage **must pay** for COBRA continuation coverage.

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

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

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

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

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: [Township Administration](#). The notice must include a description of the qualifying event and the date the qualifying event occurred.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

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

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

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Contact [Township Administration](#).

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

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

Are there other coverage options besides COBRA Continuation Coverage?

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

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

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

Plan contact information

Ben Collins – Township Administrator
Plain Township
45 Second Street
PO Box 273
New Albany, OH 43054
Phone: 614-855-2085
bcollins@plaintownship.org

GENERAL FMLA NOTICE

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF THE UNITED STATES DEPARTMENT OF LABOR, WAGE, AND HOUR DIVISION

Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

* Special "hours of service" requirements apply to airline flight crew employees.

Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint: 1-866-4-USWAGE (1-866-487-9243) TTY: 1-877-889-5627 www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

CHIPRA NOTICE

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 October 15, 2021. Contact your State for more information on eligibility:

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program: Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 1-404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)	Healthy Indiana Plan for Low-Income Adults Ages 19-64: Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid: Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 1-603-271-5218 NH Medicaid Service Center Hotline: 1-888-901-4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/ Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov Phone: 1-919-855-4100

MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx or http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov Phone: 1-855-697-4347
NEVADA – Medicaid Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022, ext. 15473
TEXAS – Medicaid Website: http://gethipptexas.com Phone: 1-800-440-0493	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com Phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com Phone: 1-307-777-7531
VIRGINIA – Medicaid and CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since October 15, 2021, 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.

NOTICE OF PRIVACY PRACTICES FOR PLAIN TOWNSHIP

Your Information. Your Rights. Our Responsibilities.

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 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 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, and we may say "no" if it would affect your care.

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 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 on page 3 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 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.

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.

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.

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, and we will mail a copy to you.

Other Important Information

- This notice is effective as of January 1, 2022.
- This notice covers the medical plan for Plain Township located at 45 Second Street, New Albany, OH 43054.
- For questions regarding privacy issues, contact **Ben Collins – Township Administrator at 614-855-2085**.

HEALTH INSURANCE EXCHANGE NOTICE



New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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 Ben Collins – Township Administrator, 614-855-2085, bcollins@plaintownship.org

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.

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 Plain Township	4. Employer Identification Number (EIN) 31-6400867	
5. Employer address 45 Second Street, PO Box 273	6. Employer phone number 614-855-2085	
7. City New Albany	8. State OH	9. ZIP code 43054
10. Who can we contact about employee health coverage at this job? Ben Collins – Township Administrator		
11. Phone number (if different from above)	12. Email address bcollins@plaintownship.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:

Active, full-time employees, officers, or partners of the Group working at least thirty (30) hours per week.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

The Certificate Holder's spouse and their natural children; stepchildren; children placed for adoption and legally adopted children; children for whom either the Certificate Holder or Certificate Holder's spouse is the Legal Guardian or Custodian; or any children who, by court order, must be provided health care coverage by the Certificate Holder or Certificate Holder's spouse.

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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important Notice from Plain Township 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 Plain Township 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. Plain Township has determined that the prescription drug coverage offered by its health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, in most cases your current **Plain Township** coverage will not be affected. You can join Medicare drug coverage and keep your **Plain Township** coverage. In most situations your **Plain Township** coverage will be primary by Medicare "Who Pays First" rules.

If you do decide to join a Medicare drug plan and drop your current **Plain Township** coverage, be aware that you and your dependents may be able to get this coverage back based on your eligibility status.

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 **Plain Township** 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 **Plain Township** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 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: January 1, 2022
Name of Entity/Sender: Plain Township
Contact--Position/Office: Ben Collins – Township Administrator
Address: 45 Second Street, New Albany, OH 43054
Phone Number: 614-855-2085
E-mail: bcollins@plaintownship.org

WELLNESS PROGRAM DISCLOSURE NOTICE

The Plain Township Wellness Program is voluntary and available to all employees on the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

Various health assessments and screenings are available and voluntary as a part of the wellness program. You are not required to complete these or other medical examinations. However, employees who choose to participate are eligible for rewards in the form of additional HRA funds. The health testing and assessment options that are either a part of or encouraged by the wellness program include an online wellness profile (or health risk assessment), annual preventive health physical, other preventive care activities (such as an annual dental exam, an annual vision exam, an annual flu shot, etc.), and voluntary reporting of ongoing medical conditions that are controlled with the help of a physician and/or medications.

The information from the health testing can help you understand your current health and potential risks and determine appropriate lifestyle goals. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Plain Township may use aggregate information to design a program based on identified health risks in the workplace. Your physician and the vendors who administer and provide screenings will not disclose any of your personal information either publicly or to the employer, except as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. In addition, all health information obtained through the wellness program will be maintained separately from your personnel records, stored electronically and encrypted, and not be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You will not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor will you be subjected to retaliation if you choose not to participate.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving a reward. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Plain Township may be provided with an aggregate report (summary of results with no identifying information) or a list of names of participants for programs where participation is tracked for the purposes of distributing rewards.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact **Ben Collins – Township Administrator at 614-855-2085**.

USERRA Health Insurance Protection

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights to continue your coverage, contact the plan administrator.