

CHOOSE YOUR PATH

Vermilion County Employees
Insurance Annual Enrollment 2023-24

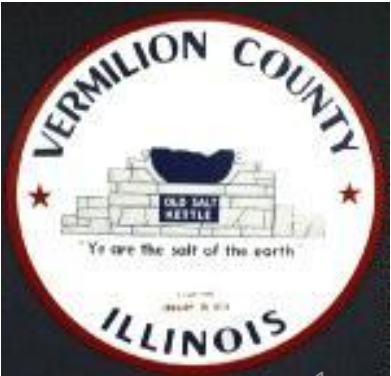


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Important Notice

Vermilion County has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Vermilion County reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Vermilion County share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Vermilion County.

OPEN ENROLLMENT is now through August 30th.

Dear Valued County Employee,

Vermilion County is extremely proud to offer you and your family members a comprehensive and valuable benefits program as part of your total compensation package. The decisions you make as you choose benefits are important ones. This Benefit Guide will help you understand the benefit choices you can make before the enrollment deadline and be a great reference through the plan year. We want our team and their families to be healthy and happy. Whether that means keeping fit, eating right, knowing your health risks or changing lifestyle behaviors, your well-being is important to you, your family, your coworkers and Vermilion County.

Sincerely,
Nancy Boose
Meg Jacobson

IMPORTANT NEWS

- Vermilion County has partnered with Sun Life as their carrier for ancillary products, like dental and vision effective October 1, 2023. You will need to make your decision for these products during this open enrollment. See page 16 - 24 for details.
- We have also partnered with Employee Navigator as our new benefits administration system. Please see instruction on how to log in on page 5.
- This year is an ACTIVE ENROLLMENT. You will need to log into Employee Navigator to make your insurance elections for this year. If you do not log in and make your elections your benefits will not carry over for the new contract year starting 10/1/2023.



ELIGIBILITY

To be eligible for the County's insurance plan, you must work in a qualifying position, working at least 20 hours or more per week. Eligible dependents include:

- Legally married spouses
- Natural/adopted dependent children under 26 years old (regardless of student or marital status)
- Children undergoing legal guardianship
- Stepchildren under 26 years old (regardless of student or marital status)
- Children under a qualified medical child support order
- Disabled children 26 years or older

Eligible Employees: If your position qualifies and you have been employed for 60 days or more, you are eligible to enroll or make changes during the annual enrollment period. If your position qualifies and you have not been employed for 60 days, you will qualify for benefits the first of the month following your 60 days, which is the initial enrollment period.

Disclaimer: A report of all changes, enrollments and cancellations will be generated for payroll, but it will be the employee’s responsibility to ensure deductions are correct on paychecks within the first 30 days of deduction changes.

BENEFITS TERMS

Before reviewing your benefit choices for this year, here’s a refresher on some key health insurance vocabulary that will help you better understand your options.

Coinsurance	The percentage you pay for the cost of covered health care services after you’ve met your deductible.
Copayment (Copay)	A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service (as specified by your plan).
Deductible	The amount you pay in a plan year before your health plan begins to pay benefits.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you’ve reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
Premium	The amount of money that’s paid for your health insurance every month. Vermilion County pays a portion of this amount, and you pay the rest.

Enrolling in Vermilion County’s Insurance

- If you need to enroll, make changes or cancel your insurance coverage log into Employee Navigator portal <https://employeenavigator.com> to update your elections.
- **This is an active enrollment you will need to log into Employee Navigator to choose your benefits elections. Your benefit elections will not carry over.**
- If after reading this guide you have enrollment questions, please contact Nancy Boose or Meg Jacobson by August 30th .

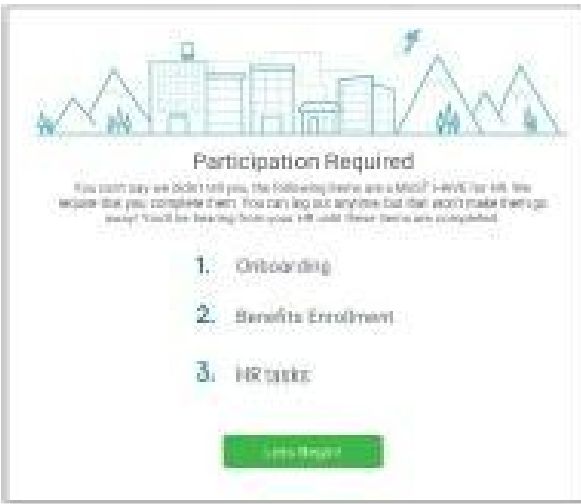
BENEFIT ENROLLMENT INSTRUCTIONS

ENROLL IN YOUR BENEFITS: One step at a time with Employee Navigator

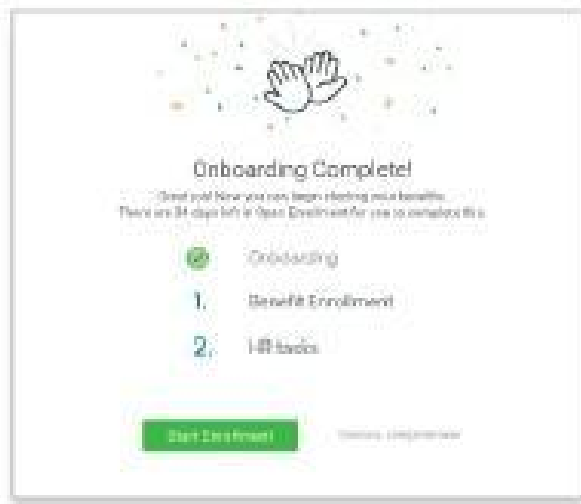


Step 1: Log In
Go to www.employeenavigator.com and click **Login**.

- Returning users: Log in with the username and password you selected. Click **Reset a forgotten password**.
- First time users: Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password. **Company Identifier:** VermilionCounty

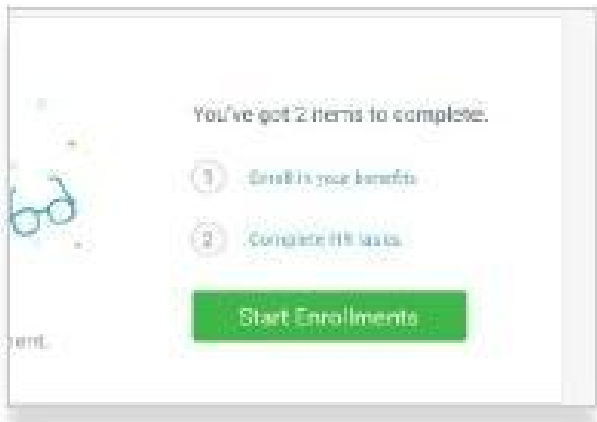


Step 2: Welcome!
After you login click **Let's Begin** to complete your required tasks.



Step 3: Onboarding (For first time users, if applicable)
Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP
If hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "Start Enrollments"



Step 4: Start Enrollments
After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Health Insurance Premiums: Changes to your health insurance deductions for the up coming 2023-2024 plan year will begin on 09/01/2023

Sun Life Premiums: Deductions for benefits you elect during this open enrollment for Sun Life will be on the 10/13/2023 payroll.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent’s name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

☒ Myself

☐ Elizabeth Reynolds (Spouse)

☐ Gwen Reynolds (Child)

\$138.46

One pay period

Effective 06/01/18

Employee

Company

Health

Save Plan

How much will it cost?

Plan Cost	Employee Contribution	My Cost
\$138.46	<div><div></div><div>0</div><div>100%</div></div>	\$0.00

View and select your health plan

Save & Continue

Don't want this benefit?

Click **Save & Continue** at the bottom of each screen to save your elections. If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

Enrollment Summary

Review your selections and confirm your enrollment. If you have any questions, please refer to the enrollment guide or contact HR.

Enrollment Not Complete

Please complete the required steps to complete your enrollment.

Enrolled Plans

Medical

App: Cigna ACA SELECT 1 (06/01/2018) Pay Period: 06/01/2018

Progress 4 of 8

1. Personal Information

2. Beneficiary Information

3. Address

4. **Enroll**

5. Review

6. Sign & Agree

7. Acknowledgment

8. Enrollment Complete

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more benefit to complete.

Enroll in your benefits

1.

HR Tasks

Start Tasks

View your completed tasks

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

QUALIFYING LIFE EVENT

The Internal Revenue Service (IRS) states that employees enrolled in pre-tax benefit plans may only make benefits elections to these plans once a year. As such, your benefit choices are binding through September 30, 2023. The following special circumstances are reasons you may change your benefits during the plan year. Please refer to your Summary Plan Description for a complete and specific list of Qualifying Events.

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Loss of spouse's job or change in work status where coverage is maintained through the spouse's plan; a significant change in your or your spouse's health coverage attributable to your spouse's employment; the reduction or increase in hours of employment or other changes in employment category for you or your spouse or dependent, including a change between part-time and full-time
- Gain or loss of other coverage for your spouse or adult child
- Death of a spouse or dependent
- Loss of dependent status
- Becoming eligible for Medicare or loss or gain of Medicaid during the year
- Receiving Qualified Medical Child Support Order (QMCSO)
- Significant Cost Increase/Decrease
- Changes due to ACA eligibility

These special circumstances often referred to as "Qualifying Life Events" or life event changes, will allow you to make plan changes during the plan year in which they occur. For any allowable changes, you must notify your benefits representative within 30 calendar days of the event and provide proof of the Qualifying Life Event, or you must wait until the following open enrollment to make changes. An election change must be consistent with the change in status. Changes that are requested due to a "change of mind" are not allowed until the next annual open enrollment period.

Documentation is required for all Qualifying Life Events

For birth, adoption or placement for adoption, the acquired dependent of a covered employee will be covered effective the day of the event, provided that enrollment for the dependent is submitted within 30 days from the date of the event and all applicable documents are submitted.



MEDICAL & PRESCRIPTION DRUG BENEFITS



You have the opportunity to enroll in one medical plan through Health Alliance.

What is a POS Plan (Point of Service)?

- Coverage is determined at the point of service, dependent on the provider chosen. When choosing one of our network providers, HMO-style benefits apply. When choosing a non-participating provider, indemnity benefits apply (except in emergencies, as defined by law).
- Members select primary care providers (PCP) to coordinate all medical care.
- For participating specialty care, PCPs give referrals to participating specialists. Specialty care received without a referral or from a non-participating provider is covered at the lower (indemnity) level.
- Women can also choose Woman's Principal Healthcare Providers (specializing in obstetrics, gynecology, or family practice) in addition to their PCPs.

MEDICAL PLANS SUMMARY

Key Features	Health Alliance – POS 2500B
Calendar Year Deductible Individual / Family	\$2,500 / \$5,000
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$5,000 / \$10,000
Coinsurance (portion you pay)	20%
Preventive Care	Covered 100%
Physician Services Office Visit / Specialist Visit	\$25 Copay / \$40 Copay
Urgent Care Copay	\$50 Copay
Emergency Room Copay (waived if admitted)	\$250 per visit
Inpatient Hospital (per admission)	20% after deductible
RETAIL PRESCRIPTIONS (30-DAY SUPPLY)	
Tier I	\$0
Tier II	\$10
Tier III	\$40
Tier IV	\$80
Tier V	30%
Tier VI	50%
OUT-OF-NETWORK	
Calendar Year Deductible Individual / Family	\$5,000 / \$10,000
Coinsurance	40%
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$10,000 / \$20,000

CONTRIBUTION SUMMARY

Employee Single	Employee + 1	Employee + Family
\$58.00 per pay	\$290.00 per pay	\$455.00 per pay

MEDTIPSTER & GOODRX

MEDTIPSTER

To begin saving on your out of pocket prescription costs visit www.medtipster.com today!

Medtipster is dedicated to providing American consumers with thousands of dollars annually in healthcare and pharmaceutical savings by being the first to provide the most accurate and reliable healthcare data, pricing, and information to the public.

On medtipster.com, finding generic equivalents and therapeutic alternatives to prescription medications is as easy as 1-2-3. Using Medtipster’s patented technology, visitors type in their drug name, dosage and zip code, and instantly find affordable equivalents to their prescriptions, including \$4 generic drugs and therapeutic alternatives, both in their zip codes and anywhere in the country.

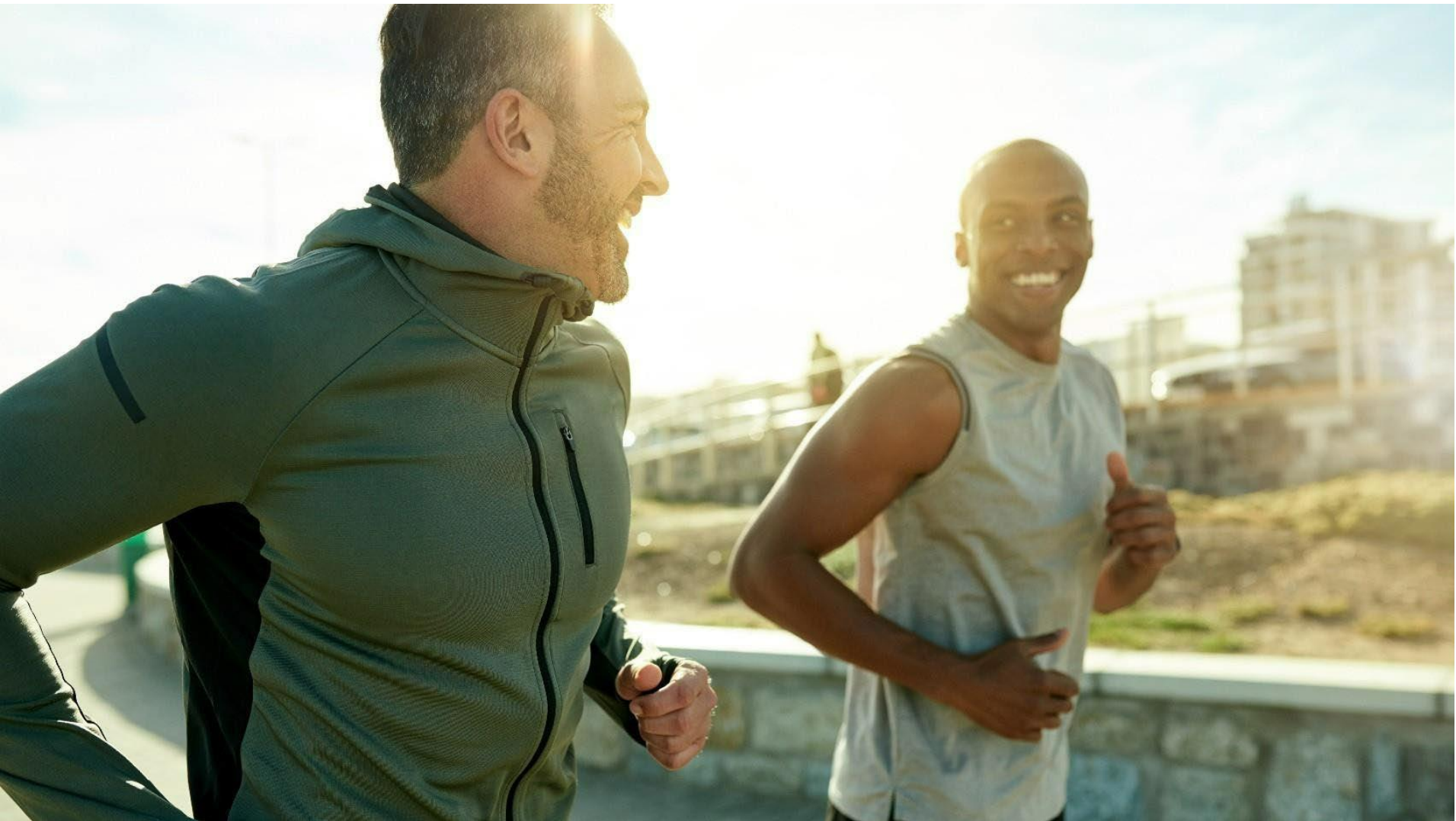
GOODRX

Additional savings can also be found by visiting www.goodrx.com!

GoodRx provides prices and discounts for thousands of prescription drugs at more than 70,000 local and mail-order pharmacies in the USA. Doctors, hospitals, clinics, and patients use us every day to save money.

Simply enter the name of any drug (generic or brand-name) into the form, give a location (city, state, or ZIP), and GoodRx will show you the lowest price they can find at both local and mail order pharmacies for a variety of dosages and quantities for your prescription.

In addition to prices, GoodRx also provides information about manufacturer discounts. These discounts are typically free but may require registration. GoodRx also provides you with tips on how to save even more money by pill splitting or considering other medications for the same condition. Of course, only you and your doctor will know what works best for you!





PREVENTIVE CARE

CHILD PREVENTIVE CARE

Screening Tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Vision screening when done as part of a preventive care visit
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10-24, with fair skin, about ways to lower their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)
- Measles, mumps and rubella (MMR)

WOMEN’S PREVENTIVE CARE

- Well-woman visits
- Breast cancer, including exam, mammogram, and including genetic testing BRCA 1 and BRCA 2 when certain criteria are met
- Breast-feeding: Primary care intervention to promote breast-feeding support, supplies and counseling
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV
- Pelvic exam and Pap test, including screening for cervical cancer

ADULT PREVENTIVE CARE

Screening Tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening

Introducing Hally™ Health



When it comes to your health and wellness, we've got you covered.

We know with everything going on in life, staying healthy is easier said than done. That's why Hally™ health is all about helping you live your healthiest life. If you visit hally.com, you'll find plenty of resources and support - with no login or extra steps needed! You'll get:

- Exercise classes, health courses and cooking demos.
- The Hally blog.
- The *Hally Healthcast*, our wellness podcast led by medical experts.
- Health tips, coaching and information on care coordination.
- Too much more to even mention.

You can also download the Hally app or sign in to hally.com to stay in the know. Once you log in, you'll get instant, secure access to your coverage anytime, anywhere. You can:

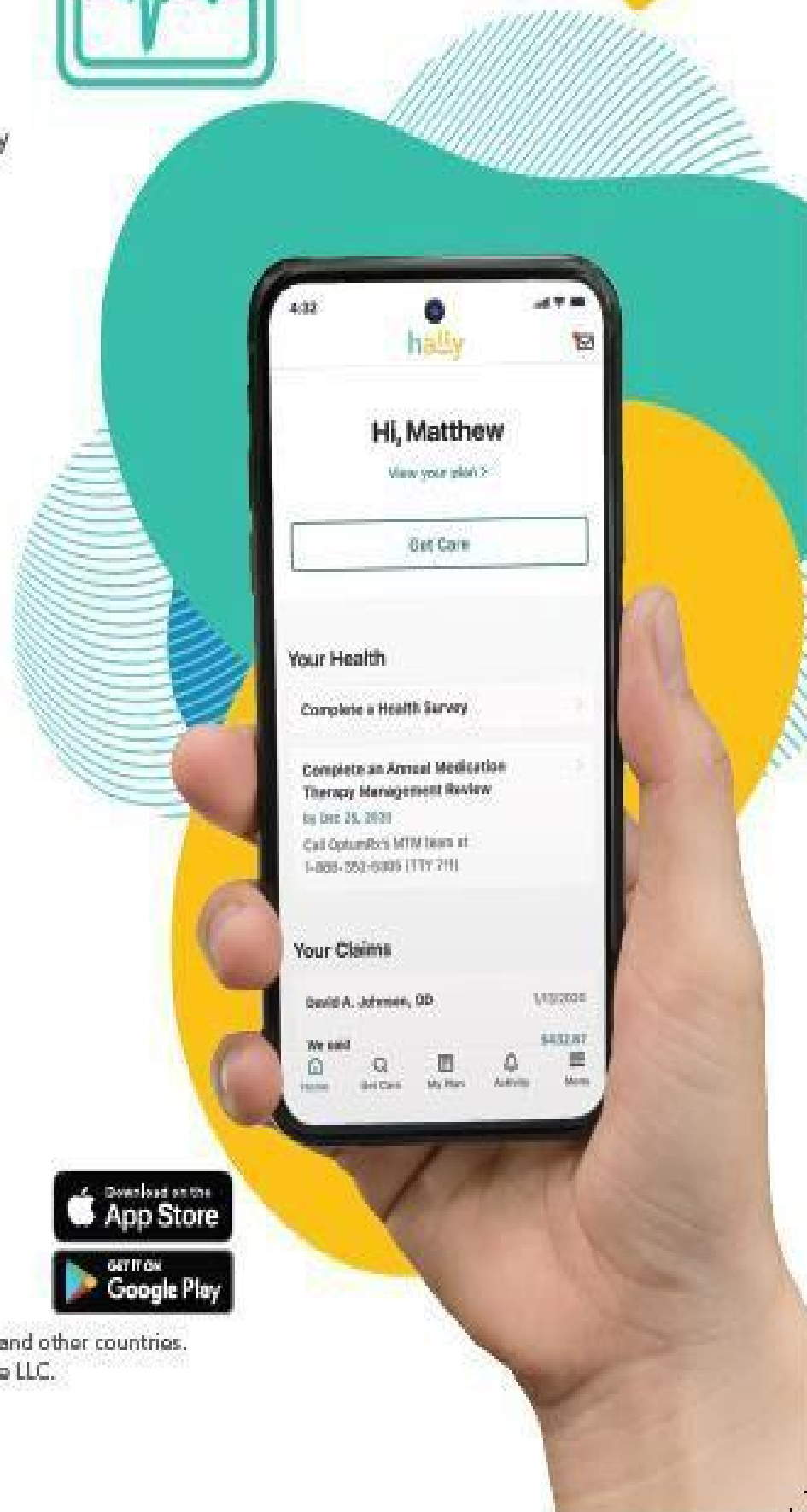
- See all your account activities in one place.
- Access your Virtual ID card.
- Search for doctors and other resources.
- Quickly connect with a doctor over virtual visits.
- Get doctor match and cost estimates.

Staying healthy isn't easy, but you've got this!

Visit hally.com for more information, and find the Hally app on the App Store or Google Play.

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Perks to Keep You Fit

Hit the gym with our new Fitness Allowance Program.

The Fitness Allowance Program gives you up to \$20 a month for the cost of a fitness class or membership at a participating fitness center (program starts January 1, 2021).

- Members and their dependents (18 years and older) can join the program.*
- If you have a Health Alliance plan through work, check with your HR team to see when this program is open to you.
- You'll be issued a debit card pre-loaded with your monthly fitness cash.

- Your monthly fitness cash is use-it-or-lose-it, and doesn't carry over month to month. A new amount will be put on your card each month.

*Benefits and coverage may vary, please check with your benefits administrator to verify coverage.

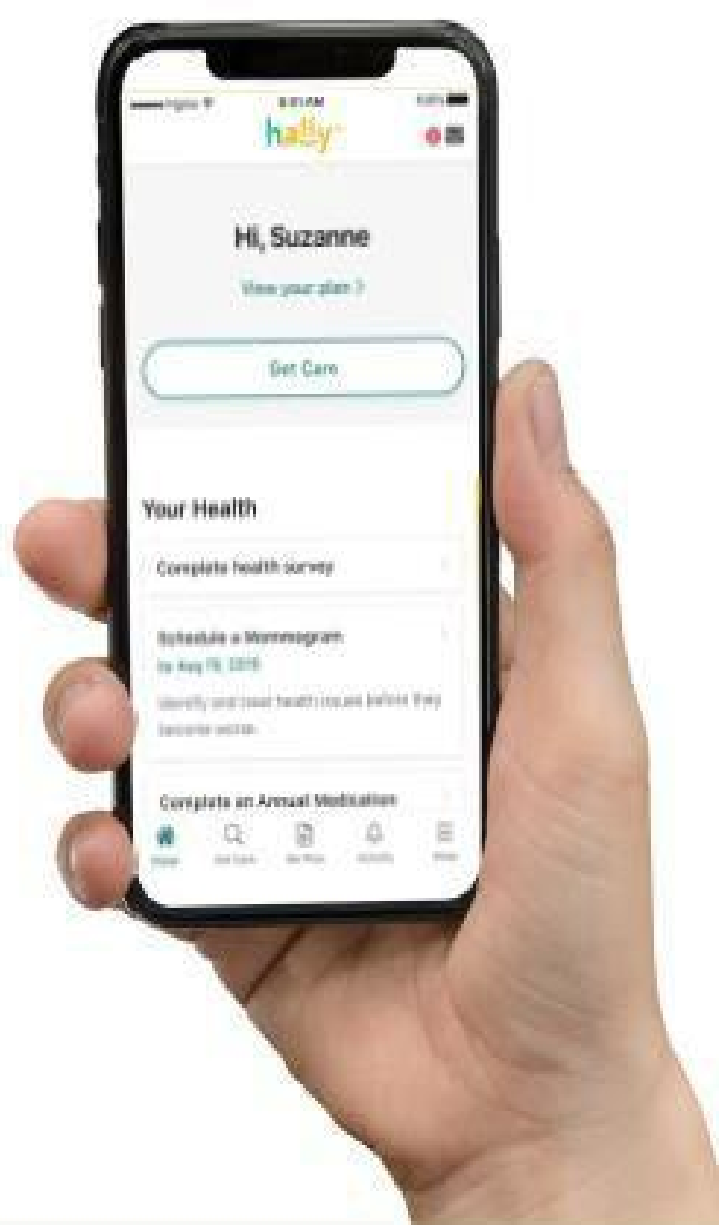
Visit YourHealthAlliance.org or call the Customer Service number on the back of your ID card for more info and to request your card today!

hally™

Online Resources

- **Treatment Cost Calculator**—Compare doctors and prices for various services, based on real data and your specific health-plan usage.
- **Hally™ App**—Find providers, see what you'll pay for key services, access your virtual ID card and more.
- **YourHealthAlliance.org**—Go paperless, check your coverage, order ID cards and more.
- **HealthAlliance.org/Wellness**—Find wellness resources, calculate your health score, get weight management and nutrition help, and more.
- **Blog.HealthAlliance.org**—Discover important health education, look for events near you and find healthy recipes.
- **HAMP.LifeBalanceProgram.com**—Find discounts on travel, entertainment, adventures and other activities that keep you balanced.

Benefits for expenses incurred for services or treatment are subject to the plan terms in effect on the date services or treatment are received. Call the Customer Service number on the back of your ID card to check your coverage.



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Virtual Visits through Health Alliance

With virtual visits, you can interact with a doctor or counselor 24 hours a day, 365 days a year, from your home, from your office or on the go.



Modern, Convenient Care

Now you and your dependents can avoid waiting rooms and the inconvenience of going to the doctor's office. You can visit a doctor—including pediatricians—or counselor by phone, secure video or the Your Health Alliance app, 24/7.

This includes:

- U.S. board-certified doctors and licensed counselors with an average of 15 years of experience
- Convenient, private and secure consultations
- Prescriptions sent to your nearest in-network pharmacy

Coverage

See your plan materials or call Customer Service at the number on the back of your ID card for more information.

Get Seen for 50+ Conditions

Physical Issues

- Allergies
- Cold/flu
- Ear problems
- Fever
- Skin Conditions

Behavioral Health Issues

- Addictions
- Depression
- Grief and loss
- Panic disorders
- Trauma, PTSD

And many more . . .

On the Your Health Alliance app:

Log in > click on More > select Virtual Visits

On YourHealthAlliance.org:

Log in > click on Find Care > click on the virtual visit box



Download the Your Health Alliance app.
Join for free. Visit a doctor.

HealthAlliance.org/VirtualVisits
1-888-912-0904

App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google LLC.

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**Get Well.
Stay Well.**

At Health Alliance™, we have tools—built into your plan—to help you stay healthy or get back on your feet.

Call the Customer Service number on the back of your ID card to take advantage of any of these services or to learn more about what your Health Alliance-administered plan offers.

Perks to Keep You Moving

- **Fitness and Pharmacy Discounts**—Save money on things you already do, like going to the gym and filling prescriptions.
- **Wellness Rewards Program**—Fill out a Health Risk Assessment, make a wellness appointment with your primary care provider and consult with one of our health coaches to be entered into a raffle for exciting rewards.
- **Anytime Nurse Line**—Get answers to health questions, 24 hours a day.
- **Assist America® Global Emergency Services**—Travel the world knowing you can get help arranging care if needed.
- **Preventive Services**—Keep on top of your health with benefits covered by your plan at 100 percent. Examples include immunizations, annual preventive care exams, routine mammograms and cancer screenings.

Guidance through Health Challenges

- **Quit For Life™**—Quit an expensive tobacco habit with this guided program.
- **Health Coaching**—Receive encouragement and support in making healthy lifestyle changes or learning to live with a chronic illness, like diabetes.
- **Care Coordination**—Set and reach your health goals and manage illness and recovery, with help from our care coordinators.
- **Care Transition Intervention**—Work with our team to safely transition from hospital to home.
- **Medication Management**—Talk to our Pharmacy Department about taking your medications safely.





DENTAL BENEFITS



The County offers dental coverage through Sun Life.

DENTAL PLAN SUMMARY

Key Features	In-Network	Out-of-Network
Calendar Year Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Preventive Services (no deductible) Oral Exam, Full Mouth X-rays, Bitewing X-rays, Cleanings	100%	100%
Basic Services Topical Fluoride Applications, Sealants, Space Maintainers, Amalgam and Composite Fillings	90%	80%
Major Services Crowns/Inlays/Onlays, CrownsRepairs,Root Canal, Periodontal Surgery, Periodontal Scaling & Root Planing, Periodontal Maintenance, Oral Surgery (Simple Extractions), Oral Surgery (Surgical Extractions), Bridges, Dentures, Emergency Palliative Treatment, General Anesthesia, Consultations, Harmful Habits Appliances	60%	50%
Annual Calendar Year Maximum	\$1,500	\$1,500

SEMI MONTHLY CONTRIBUTION

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$13.48	\$27.44	\$29.64	\$46.56



VISION BENEFITS



You and your dependents have access to vision coverage through Sun Life. The plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

VISION PLAN SUMMARY

Key Features	In-Network	Out-of-Network	Frequency
Exam	\$10 Copay	Up to \$45	Every 12 Months
Lenses Single Bifocal Trifocal Lenticular	\$25 Copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100	Every 12 Months
Frames	\$130 Allowance after \$25 Copay	Up to \$70	Every 24 Months
Contact Lenses (instead of glasses)	Elective: \$130 Allowance Medically Necessary: Covered 100%	Elective: Up to \$105 Medically Necessary: Up to \$210	Every 12 Months

SEMI MONTHLY CONTRIBUTION

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$3.90	\$7.82	\$6.62	\$10.90





INCOME PROTECTION BENEFITS

In addition to health benefits, the County also offers eligible employees income protection benefits. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of disability, accident, or death.

The County offers the following benefits:

- Basic Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance
- Short-Term Disability (STD)
- Accident
- Critical Illness
- Hospital Indemnity

BASIC LIFE AND AD&D

The County provides you with Basic Life and AD&D insurance up to \$10,000, at no cost to you. If your death is the result of an accident, you will receive an additional Accidental Death & Dismemberment (AD&D) benefit. If you lose a limb or your eyesight as the result of an accident, the AD&D plan will pay a percentage of your AD&D benefit amount. Benefit reduces by 35% at age 65, and to 50% of the original amount at age 70.

VOLUNTARY LIFE AND AD&D

You have the option to supplement your company-paid coverage by purchasing additional Life and AD&D insurance for yourself, your spouse and your children. You are required to purchase coverage for yourself in order to enroll your family members.

	Employee	Spouse	Child
Life Coverage	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000,\$4,000, \$5,000, or \$10,000
Guarantee Issue	\$150,000	\$25,000	\$10,000
Maximum Amount	\$150,000	\$100,000 / 50% of employee amount	\$10,000

Employee Age	\$10,000	AD&D
Under 30	\$0.040	\$.029
30-34	\$0.055	
35-39	\$0.80	
40-44	\$0.100	
45-49	\$0.150	
50-54	\$0.230	
55-59	\$0.430	
60-64	\$0.650	
65-69	\$1.270	
70+	\$2.600	

Dependent Child Coverage Monthly Premium For:	
\$1,000	\$0.29
\$2,000	\$0.58
\$4,000	\$1.16
\$5,000	\$1.46
\$10,000	\$2.91



INCOME PROTECTION BENEFITS

SHORT-TERM DISABILITY

Short-Term Disability (STD) insurance through MetLife.



	Short-Term Disability Plan 1	Short-Term Disability Plan 2
Benefit Begins	For Injury: 14 days For Sickness (includes pregnancy): 14 days	For Injury: 7 days For Sickness (includes pregnancy): 7 days
Benefit Amount	\$50 - \$1,000 a week/month in \$25 increments	\$50 - \$1,000 a week/month in \$25 increments
Benefit Percentage	60% of weekly/monthly earnings	60% of weekly/monthly earnings

SEMI MONTHLY CONTRIBUTION

	<50	50-59	60+
Short-Term Disability Plan 1	\$.32	\$.45	\$.66
Short-Term Disability Plan 2	\$0.43	\$.61	\$.82





INCOME PROTECTION BENEFITS



ACCIDENT PLAN

Accident Insurance helps cover the cost of emergency medical care, physical therapy and other unexpected expenses that result from an accidental injury. Covered injuries and expenses may include:

Benefit Type	Low Plan Only	High Plan
Injuries		
Fractures	\$200 – \$6,000	\$300 – \$7,500
Dislocations	\$100 – \$4,000	\$200 – \$8,000
Second- and Third- Degree Burns	\$200 – \$10,000	\$300 – \$15,000
Concussions	\$100	\$200
Cuts/Lacerations	\$20 – \$500	\$50 – \$400
Eye Injuries	\$200	\$300
Coma	\$5,000	\$10,000
Medical Services & Treatment		
Ambulance	\$300 – \$1000	\$400 – \$1,500
Emergency Room Admission	\$100	\$200
Non-Emergency Care	\$100	\$200
Physician Follow-Up	\$50	\$100
Therapy Services (including physical therapy)	\$25	\$50
Medical Testing Benefit	\$100	\$200
Medical Devices	\$200	\$400
Inpatient Surgery	\$250 – \$1,000	\$500 – \$1.500
Hospital Coverage (Accident)		
Admission	\$1,000 (non-Intensive Care Unit (ICU)) – \$1,500 (ICU) per accident	\$1,500 (non-ICU) – \$2,000 (ICU) per accident
Confinement	\$200 a day — up to 365 days per covered accident	\$300 a day — up to 365 days per covered accident
Inpatient Rehabilitation (paid per accident)	\$50 a day, up to 30 days	\$100 a day, up to 30 days
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$215,000 \$30,000 for common carrier	\$25,000 \$100,000 for common carrier
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$750 – \$15,000 per injury	\$1,500 - \$25,000 per injury
Other Benefits		
Lodging — Pays for lodging for companion — up to 31 nights per calendar year	\$50 per night — up to 30 nights	\$100 per night — up to 30 nights
Health Screening Benefit (Wellness) benefit provided if the covered insured takes one of the covered screening/prevention tests	\$50	\$50

SEMI MONTHLY CONTRIBUTION

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Plan	\$3.90	\$6.05	\$7.13	\$9.29
High Plan	\$5.66	\$9.48	\$11.36	\$15.17

INCOME PROTECTION BENEFITS



CRITICAL ILLNESS

Critical Illness Insurance pays a benefit if you are diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses such as child care or mortgage payments.

Eligible Individual	Initial Benefit	Requirements
Coverage Options		
Employee	\$5,000 or \$20,000	Coverage is guaranteed provided you are actively at work.
Spouse/Domestic Partner	100% of the Employee’s Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.
Dependent Child(ren)	50% of the Employee’s Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.

Covered illnesses may include:

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	100% of face amount
Non-Invasive Cancer	25% of Initial Benefit	25% of face amount
Heart Attack	100% of Initial Benefit	100% of face amount
Stroke	100% of Initial Benefit	100% of face amount
Coronary Artery Bypass Graft	100% of Initial Benefit	100% of face amount
Kidney Failure	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable

*Please check benefit summary for complete list of Covered Conditions

SEMI MONTHLY PREMIUM FOR \$1,000 OF COVERAGE

Attained Age	Employee Only Non Smoker	Employee Smoker	Spouse Non Smoker	Spouse Smoker	Child
Under 25	\$0.53	\$0.54	\$0.53	\$0.54	\$0.11
25-29	\$0.57	\$0.59	\$0.57	\$0.59	N/A
30-34	\$0.67	\$0.72	\$0.67	\$0.72	N/A
35-39	\$.87	\$1.04	\$.87	\$1.04	N/A
40-44	\$1.17	\$1.55	\$1.17	\$1.55	N/A
45-49	\$1.58	\$2.30	\$1.58	\$2.30	N/A
50-54	\$2.22	\$3.57	\$2.22	\$3.57	N/A
55-59	\$2.85	\$4.92	\$2.85	\$4.92	N/A
60-64	\$3.36	\$6.11	\$3.36	\$6.11	N/A
65-69	\$4.31	\$8.34	\$4.31	\$8.34	N/A
70-74	\$5.77	\$10.97	\$5.77	\$10.97	N/A
70+	\$8.13	\$13.78	\$8.13	\$13.78	N/A

INCOME PROTECTION BENEFITS



HOSPITAL INDEMNITY

Hospital Indemnity Insurance provides a cash payment if you or a covered family member are admitted to the hospital.

Benefit Type	Low Plan	High Plan
Hospital Coverage (Accident)		
Admission must occur within 180 days after the accident	\$500 per accident (non-Intensive Care Unit (ICU)) \$1,000 per accident (ICU)	\$1,000 per accident (non-ICU) \$2,000 per accident (ICU)
Confinement must occur within 180 days after the accident	\$100 a day (non-ICU) for up to 30 days \$100 a day (ICU) for up to 15 days	\$200 a day (non-ICU) for up to 30 days \$200 a day (ICU) for up to 15 days
Inpatient Rehabilitation stay must occur immediately following hospital confinement and must occur within 365 days of accident	\$100 a day, up to 15 days per accident but no more than 30 days per calendar year	\$200 a day, up to 15 days per accident but no more than 30 days per calendar year
Hospital Coverage (Sickness)		
Admission Payable 1 time per calendar year	\$500 (non-ICU) \$1,000 (ICU)	\$1,000 (non-ICU) \$2,000 (ICU)
Confinement Paid per sickness	\$100 a day (non-ICU) for up to 30 days \$100 a day (ICU) for up to 15 days	\$200 a day (non-ICU) for up to 30 days \$200 a day (ICU) for up to 15 days

SEMI MONTHLY CONTRIBUTION

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Plan	\$6.64	\$13.77	\$11.19	\$18.32
High Plan	\$11.62	\$24.34	\$19.50	\$32.22



GROUP PRODUCTS

EAP EssentialSM

Sun Life is proud to offer our EAP Essential plan. Part of Sun Life's EAP By DesignSM program, it is offered in partnership with ComPsych[®] Corporation, providing employers and employees access to an array of services that address personal life challenges and improve workplace productivity and performance.

EAP Essential offers a wide range of valuable services for the cost-sensitive Client, including:

EAP By Design programs can be included with Sun Life Disability or Life group products.

Services for your employees and their household family members

- **EAP:** Three confidential telephonic counseling sessions per occurrence with experienced clinicians available 24/7.
- **Legal resources:** Unlimited phone access to ComPsych legal professionals and an initial consultation at no charge with a local attorney, and discounts on additional services.
- **Financial resources:** Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- **Work/Life resources:** Information and referrals on child care, elder care, adoption, relocation, and other personal convenience matters.
- **GuidanceResources[®] Online:** Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs, and more.
- **Health risk assessments:** Online access to a health risk assessment survey and a variety of health management tools and information.

Services for you

- **HR resources:** Supervisors and managers have phone access to HR professionals who consult on various workplace-related issues such as managing difficult employee situations.
- **ComPsych ResourceCenterSM Website:** Provides HR professionals with access to a full menu of reports and services, including utilization reports, detailed EAP program information, online training courses, and print-on-demand information flyers and posters.
- **Direct-to-consumer reports:** Employers receive confidential utilization reports that help with trending, tracking, and identifying employee interest areas.
- **Employee materials:** Flyers, wallet cards, and e-posters.

To learn more, call your broker or Sun Life representative.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

What happens when I call for counseling support?

When you call, you will speak with a GuidanceConsultant™, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 telephonic sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

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Contact EAP Essential Anytime

No-cost, confidential solutions to life's challenges.

Your ComPsych® GuidanceResources® program EAP Essential offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 800.460.4374

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceNow™

Web ID: EAP Essential

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

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Contact EAP Essential Anytime

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TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNow™

Web ID: EAP Essential

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KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email
Medical & Prescription Drug	Health Alliance	800-851-3379	www.healthalliance.org
Dental	Sun Life	1-800-275-4638	www.sunlife.com
Vision	Sun Life	1-855-638-3931	www.sunlife.com
Life Insurance	Sun Life	1-800-438-6388	www.sunlife.com
Voluntary Life	Sun Life	1-800-438-6388	www.sunlife.com
Short-Term Disability	Sun Life	1-800-438-6388	www.sunlife.com
Accident Plan	Sun Life	1-800-438-6388	www.sunlife.com
Critical Illness	Sun Life	1-800-438-6388	www.sunlife.com
Hospital Indemnity	Sun Life	1-800-438-6388	www.sunlife.com
For Additional Assistance	Name	Phone Number	Website/Email
Human Resource	Meg Jacobson Nancy Boose	217-554-6003 217-554-6005	meg.jacobson@vercounty.org njboose@vercounty.org
EPIC Insurance Midwest	Jodi Tate Account Manager, EB Service	812-478-6009	jodi.tate@epicbrokers.com



COMPLIANCE NOTICES

Required Notices

The following notices are required to be provided to you as part of your welfare plan. Please review the provisions below and contact Human Resources with any questions you may have. Summary Plan Descriptions (SPD's) are distributed in your open enrollment packet and are available upon request from Human Resources.

The Newborns' and Mothers' Health Protection Act (NMHPA) 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 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 the 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).

Women's Health and Cancer Rights Act (WHCRA) Enrollment Notice: Your Rights After a Mastectomy

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 deductible and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductible and coinsurance you will be subject to depends on your medical plan.

**Plans may be subject to State law requirements, please refer to the Summary Plan Description for details describing any applicable State law.*

**Important Notice from Health Alliance 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 Health Alliance 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. Health Alliance has determined that the prescription drug coverage offered by Health Alliance 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.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Health Alliance coverage will not be affected.

If you decide to join a Medicare drug plan you can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

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

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with Health Alliance 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 at 1-800-851-3379. **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 Health Alliance 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.

CMS Form 10182-CC

Updated April 1, 2011

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- 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:	October 2021
Name of Entity/Sender:	Health Alliance
Contact--Position/Office:	Customer Service 3310
Address:	Fields South Drive
	Champaign, IL 61822
Phone Number:	1-800-851-3379

GMCMHA22-FIcredcvgID1-0921
CMS Form 10182-CC

Updated April 1, 2011

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

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

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Vermilion County		4. Employer Identification Number (EIN) 37-6002224	
5. Employer address 201 N. Vermilion Street, 2 nd Floor		6. Employer phone number 217-554-6000	
7. City Danville	8. State IL	9. ZIP code 61832	
10. Who can we contact about employee health coverage at this job? Meg Jacobson			
11. Phone number (if different from above) 217-554-6003		12. Email address Meg.jacobson@vercounty.org	

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

- ☐ As your employer, we offer a health plan to:

All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:
See HR

- With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are:

See HR

- ☐ We do not offer coverage.

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

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

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

