Mid-Minnesota Legal Assistance

2024

Benefit Summary

MID-MINNESOTA LEGAL AID

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details.
The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits Overview

Mid-Minnesota Legal Assistance is proud to offer a comprehensive benefits package to eligible employees and their families. Your complete benefits package is briefly summarized in this booklet. A great deal of time and effort has been invested in designing, funding, and maintaining a quality benefit plan. You and your family can also play an important role in getting the most from your benefits by making sure that you understand them.

When possible, you are offered options so you can select the plan that best fits your needs. To get the most value from your benefits, carefully consider which options are right for you and your family. Because your premiums are generally deducted on a pre-tax basis, IRS regulations may prohibit you from making enrollment changes until the end of the plan year, unless you experience a qualifying event. For instance, you may not be able to cancel your coverage if you believe you will no longer be using the plan for the rest of the year. However, you may be able to cancel coverage if your spouse becomes eligible for coverage through his or her employer. Please contact Human Resources if you are considering enrolling in coverage or terminating coverage before the plan year ends.

Eligibility

You and your dependents are eligible for the MMLA benefits package on the first day of active employment. Eligible dependents include your spouse and children under age 26, married or unmarried.

Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or the Human Resources department.

Benefit	Administrator	Phone	Website
Medical Insurance	Medica	952.945.8000 800.952.3455	www.medica.com
Health Reimbursement Arrangement	OneSource	800.918.6152	www.medica.com
Dental Insurance	Delta Dental of Minnesota	651.406.5916 800.553.9536	www.deltadentalmn.org
Flexible Spending Account (FSA)	Benefit Extras	952.435.6858	www.benefitextras.com
Short and Long-Term Disability	Guardian	Short-Term Disability: 800.268.2525 Long-Term Disability: 800.538.4583	www.guardiananytime.com
Group Life and AD&D	Guardian	800.525.4542	www.guardiananytime.com
Voluntary Life and AD&D			

Medical Insurance

Administered by Medica

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way — especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. By identifying health concerns early, they can often times be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with excellent medical coverage through the Medica $5,000 - 25% HRA plan with 3 different network options: Passport, Elect, and Vantage Plus. For additional information on your network options, please refer to page 6.

Medica has online resources that can assist you in finding providers, reviewing your benefits and claims, and finding health discounts and special programs. You can access these tools by registering on the Medica website at www.mymedica.com. You can also contact Medica member services at **952.945.8000** or toll free at **800.952.3455**.

Plan Design Features	2024 Medical Plan Summary
	$5,000 – 25% HDHP w/ HRA Plan
Lifetime Benefit Maximum	Unlimited
Employer HRA Contribution	$5,000 / $10,000
Calendar Year Deductible	$5,000 / $10,000
Coinsurance	You pay 25% after deductible
Medical Out-of-Pocket Maximum	$6,500 / $13,000
Preventive Care	No charge
Office Visit/Urgent Care	You pay 25% after deductible
Lab and Pathology	You pay 25% after deductible
X-Ray and Other Imaging	You pay 25% after deductible
IP and OP Hospitalization	You pay 25% after deductible
Emergency Room	You pay 25% after deductible
Prescription Drugs	
Generic / Brand / Non-Formulary	$12 / $50 / $90 copay
Mail Order	$24 / $100 / $180 copay
Specialty	Preferred: 20% with a maximum $200 copay Non-Preferred: 40% coinsurance
Out-of-Network	
Deductible	$7,500 / $15,000
Out-of-Pocket Maximum	Unlimited
Coinsurance	You pay 50% after deductible

Medical Network Options

Medica Choice Passport Network

You have access to the Medica Choice UnitedHealthcare Choice Plus network when you enroll in one of Mid-MN Legal Aid's medical plans. To access a directory of network providers, go to **www.medica.com/members**, then identify your group plan network as Medica Choice with UnitedHealthcare Choice Plus. Under the quick links, select "find a physician or facility."

Medica Elect Network

You have access to the following care systems if you choose the Medica Elect network when you enroll in one of Mid-MN Legal Aid's medical plans. A primary care clinic will need to be assigned if you enroll in the Medica Elect network. To access a directory of network providers, go to **www.medica.com/members**, then identify your group plan network as Medica Elect. Under the quick links, select "find a physician or facility."

How do I change my primary care clinic?

- Allina Medical Clinics
- Children's Physician Network
- Hennepin Health
- Integrity Health Network
- Lakeview Medical Group
- Minnesota HealthCare Network
- Park Nicollet Health Services
- RiverWay / North Suburban Clinics
- St. Luke's Care System

You can use the online form at **www.medica.com/members** or call Customer Service at the number on the back of your ID card. Remember that your clinic is affiliated with a care system, so you can pick a new clinic in a different care system if you'd like. You can change your primary care clinic as often as once a month. If you request your change by the 20th of the month, your clinic will change the first day of the month after you make the your request.

Do I need a referral?

Getting a referral when you need one ensures you receive your highest level of benefits. Here's what you need to know about referrals:

- When you see a specialist within your care system, you don't need a referral.
- If you need to see a doctor who's in the Medica Elect network but isn't in your care system, you'll need a referral from your primary care clinic.
- If you need to see a provider outside the Medica Elect network, you'll need a referral from your primary care clinic and pre-approval (called "prior authorization") from Medica.

Medica VantagePlus Network

You have access to the Fairview, HealthEast, and North Memorial care systems if you choose the Medica VantagePlus network when you enroll in one of Mid-MN Legal Aid's medical plans. To access a directory of network providers, go to **www.medica.com/members**, then identify your group plan network as VantagePlus with Medica. Under the quick links, select "find a physician or facility."

If you are enrolled in this network and find yourself outside of this network, refer to the Travel Program Network below.

Travel Program Network

Receiving care from a Travel Network provider is just like getting care within your chosen network service area. When you visit a provider, simply show your member ID card. If you have a deductible, copayment or coinsurance, it will apply. Travel Network providers will file claims for you, so you won't have any additional paperwork.

If you travel inside the network service area and see a provider outside your plan's network, your out-of-network benefits will apply. Chiropractic care isn't included in the Travel Program.

Monthly Employee Contributions for Medical Benefits

Medica Choice Passport

	Total Premium	FT Employee	70% FTE	60% FTE	50% FTE
Employee	$1,088.76	$136.10	$326.63	$435.50	$544.38
Employee + Spouse	$2,231.96	$279.00	$669.59	$892.78	$1,115.98
Employee + Child (ren)	$1,839.99	$230.00	$552.00	$736.00	$920.00
Family	$2,939.63	$367.45	$881.89	$1,175.85	$1,469.82

Medica Elect

	Total Premium	FT Employee	70% FTE	60% FTE	50% FTE
Employee	$952.66	$119.08	$285.80	$381.06	$476.33
Employee + Spouse	$1,952.96	$244.12	$585.89	$781.18	$976.48
Employee + Child (ren)	$1,609.99	$201.25	$483.00	$644.00	$805.00
Family	$2,939.63	$367.45	$881.89	$1,175.85	$1,469.82

Medica Vantage Plus

	Total Premium	FT Employee	70% FTE	60% FTE	50% FTE
Employee	$925.44	$115.68	$277.63	$370.18	$462.72
Employee + Spouse	$1,897.16	$237.15	$569.15	$758.86	$948.58
Employee + Child (ren)	$1,563.99	$195.50	$469.20	$625.60	$782.00
Family	$2,498.68	$312.34	$749.60	$999.47	$1,249.34

Healthcare Reimbursement Account

Frequently Asked Questions for Employees - 2024 Plan Year

Describe the Medica HRA plan?

Our health plan with Medica is considered a consumer-directed health plan. The plan gives you more control over how you spend your health care dollars by providing a comprehensive, high-deductible health plan, along with an employer-funded health reimbursement account (HRA) that helps you pay a portion of your deductible and coinsurance for certain medical expenses.

Who is the administrator of the HRA?

OneSource is the administrator of the HRA. Medica automatically sends any claims to OneSource for you that is subject to the deductible and coinsurance benefits under the plan.

How much will MMLA contribute to my Health Reimbursement Account?

MMLA will contribute $5,000 per individual and $10,000 per family (which includes EE+SP, EE+CH(ren)) into your HRA at the beginning of the plan year. MMLA's contribution is available to help you and any of your family members pay your deductible and any coinsurance charges that you are responsible for after your deductible is met. Think of it like a bucket of money for you to use

How does the HRA work?

Whenever you or a family member incurs any services from an in-network provider that is subject to the **deductible** or **coinsurance** charges (i.e. 25%) the HRA will pay 80% of the charges and you will be responsible for the other 20% until the HRA is exhausted.

Example:

Deductible - $5,000 single deductible – split between MMLA HRA and you, 80% / 20% until you have satisfied the deductible. MMLA's HRA will cover 80% or up to $4,000 of your $5,000 deductible.

Coinsurance – 25% after deductible has been satisfied. Split between MMLA HRA and you, 80% / 20% until you have exhausted your HRA balance of $5,000.

Will I have to pay my doctor before they receive my account money?

Medica is committed to processing claims promptly. Even so, there may be situations in which you receive a bill from your doctor before funds from your HRA account have been received by your provider. In these situations, we suggest you wait to pay your doctor/provider until you have received your "Explanation of Benefits" which indicates your amount due.

Preventive Care:

All preventive care services from a participating provider are covered at 100% by your health plan. This includes things like immunizations, regular physicals, mammograms and cholesterol testing, which can help prevent illness and reduce healthcare costs.

Prescriptions:

When you fill a prescription at a pharmacy, you will need to pay your copay at the time of purchase. **The HRA account cannot be used for prescription drugs**. Your cost for prescription drugs is credited toward reaching your out of pocket maximum.

How are claims processed when I visit a provider?

For office visits, hospital services, etc.:

- It's January 1st and Bob has not satisfied his $5,000 in-network deductible yet.
- Bob goes in to the doctor's office; he has strep throat
- The cost for his visit is $200 (Bob leaves without making any payment to the doctor's office for services).
- After Bob's visit, the provider will submit a claim to Medica for those office/lab services. Medica will process the claim and send Bob an EOB telling him that $200 has been applied to his deductible.
- Medica will then send the claim to OneSource and they will check to see if there is any money in Bob's HRA to use to pay for the visit. Since he hasn't used any money in his HRA, OneSource will pay 80% ($160) of the deductible and Bob will be responsible to pay 20% ($40)
- OneSource will send a check ($160) directly to the provider
- Bob will receive a bill from the provider for his portion (20%=$40)
- Bob will then need to pay his portion for the visit—$40 out of his own pocket

Who do I call if I have questions?

Questions about your health plan: call the number on the back of your Medica ID Card or (866) 269.6804.

Questions about your Health Reimbursement Account (HRA): call OneSource Customer Services at (800) 918.6152.

Healthcare Reimbursement Account

Frequently Asked Questions for Employees – 2024 Plan Year

Will Medica help me keep track of my accounts?

As a Medica member, you want and need regular updates on your accounts.
You can access the following information at any time through the online member service center:

- Periodic balance updates
- An explanation of claim payment every time a claim is processed against the health plan account
- Account status report that provides balance information and claims detail for a given plan year (available upon request)

How can I learn about the cost of health care services before I spend money from my health reimbursement account?

It's a new era in health care; one that requires greater involvement by health plan members. And that starts with asking questions. Whether it's your primary care provider, pediatrician, a specialist, or your pharmacist, it pays to ask about the cost of the services and medications that they recommend. You can also use the online tools that Medica provides to research medical costs, drug costs, and provider quality. Keep in mind that your health — rather than costs — should be the determining factor in receiving any type of care.

Access your HRA online

To access your account online:

- Log in to **mymedica.com**
- Choose the Claims & Accounts tab
- Click on *Access Medica ONESource*

The following is a summary of how the plan works:

Medica $5,000-25% Benefit Plan Highlights				
Annual In Network Deductible	$5,000 per individual & $10,000 per family			
MMLA HRA Account Contribution	$5,000 per individual & $10,000 per family to be used to help you pay your deductible and coinsurance			
Annual In Network Out of Pocket Maximum	$6,500 per individual & $13,000 per family, which includes deductible, coinsurance and copays			
In Network Benefits	**Medical Plan Benefit Coverage**	**HRA Plan Pays?**	**MMLA HRA Payment**	**Member Responsibility**
Preventive Care	100%	No		0%
Office Visit	Deductible, then 75% - you pay 25%	Yes	80% of deductible & coinsurance	20% of deductible & coinsurance
Convenience Care	Deductible, then 75% - you pay 25%	Yes	80% of deductible & coinsurance	20% of deductible & coinsurance
Hospital Services	Deductible, then 75% - you pay 25%	Yes	80% of deductible & coinsurance	20% of deductible & coinsurance
Retail Pharmacy (31 day supply)	Generic: $12 Brand: $50 Non - Formulary: $90	No		$12 copay $50 copay $90 copay
Specialty Pharmacy	Preferred - 20% coinsurance to max. of $200 per perscription Non-Preferred - 40% coinsurance	No		20% coinsurance to max. of $200 per perscription 40% coinsurance per perscription

Dental Insurance

Insured by Delta Dental

Keep your teeth healthy and your smile bright with MMLA's dental benefit plan through Delta Dental. Delta Dental is proud to offer two networks to participants who visit an in-network dental provider: Delta Dental PPO and Delta Dental Premier.

The Delta Dental PPO network gives you the lowest out-of-pocket costs. Participating dentists in the network agree to accept lower fees for procedures, providing larger discounts that result in savings for you. The Delta Dental Premier network is the largest dentist network in the country. In fact, more than 4 out of 5 dentists in the nation have agreed to accept Delta Dental's pre- negotiated fees for dental procedures. Seeing an out-of-network provider is always an option. However, by utilizing one, you will be missing out on discounts available to you through an in-network provider.

MMLA offers a choice of two dental plans to choose from. Benefit summaries for the preventive and comprehensive plans are outlined below. Note: Orthodontia is not covered on either plan.

Preventive Plan			
Services	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network Dentist
Annual Deductible	$0		
Annual Benefit Maximum	$500 per person		
Eligible Dependents	Spouse; dependent children up to age 26		
Diagnostic & Preventive Services • Exams • Cleanings & X-rays • Emergency treatment for pain relief	100% coverage		

Comprehensive Plan			
Services	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network Dentist
Annual Deductible	$50 per person / $150 per family		
Annual Benefit Maximum	$1,000 per person		
Eligible Dependents	Spouse; dependent children up to age 26		
Diagnostic & Preventive Services	100% coverage	100% coverage	100% coverage
Basic Services	80% coverage	80% coverage	80% coverage
Endodontics and Periodontics	50% coverage	50% coverage	50% coverage
Oral Surgery	80% coverage for extractions 50% coverage for other surgery	80% coverage for extractions 50% coverage for other surgery	80% coverage for extractions 50% coverage for other surgery
Major Restorative Services & Prosthetics	50% coverage	50% coverage	50% coverage

Preventive Plan Cost - monthly

	Total Premium	FT Employee	70% FTE	60% FTE	50% FTE
Employee	$17.41	$2.18	$5.22	$6.96	$8.71
Employee + 1	$32.59	$4.07	$9.78	$13.04	$16.30
Family	$46.32	$5.79	$13.90	$18.53	$23.16

Comprehensive Plan Cost - monthly

	Total Premium	FT Employee	70% FTE	60% FTE	50% FTE
Employee	$38.79	$23.55	$26.60	$28.34	$30.09
Employee + 1	$65.45	$36.93	$42.64	$45.90	$49.16
Family	$115.06	$74.53	$82.64	$87.27	$91.90

Short-Term Disability

Insured by Guardian

If you become disabled, you may be unable to work and, therefore, your income may be reduced. Unfortunately, your expenses and bills will continue. However, with your employer-sponsored short-term disability program, you can maintain a weekly income if you are disabled and cannot work as a result of an illness, off-the-job injury, or other qualifying medical condition, including pregnancy.

This program provides a stable income source to carry you and your family through a temporary disability. Short-term disability benefits are considered taxable income. **MMLA pays the premiums for this coverage**.

STD Benefit Summary	
Waiting Period	0 days for an accident or injury 7 days for an illness or maternity
Percent of Income Replacement	60% to a $1,500 weekly maximum
Maximum Benefit Period	13 weeks

Long-Term Disability

Insured by Guardian

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset — your ability to earn an income. Long-term disability benefits are considered taxable income. **MMLA pays the premiums for this coverage**.

LTD Benefit Summary	
Waiting Period	90 days for illness or injury
Percent of Income Replacement	60% of monthly earnings to a monthly maximum benefit of: $7,000 for attorneys, paralegals, and managers $4,000 for all other employees
Maximum Benefit Period	Social Security Normal Retirement Age (SSNRA)

Group Life and Accidental Death & Dismemberment (AD&D) Insurance

Insured by Guardian

Life insurance provides financial security for the people in your life that depend on you. At no cost to you, this company provided benefit provides basic life insurance to you in the amount of $50,000. In the event of your death while employed at MMLA, your beneficiaries will receive a lump-sum life insurance payment paid by Guardian.

Voluntary Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Insured by Guardian

You can purchase additional life insurance beyond the group life insurance that the company provides. You are guaranteed coverage up to the guarantee issue amount without any evidence of insurability (medical questions) as long as you enroll when you first become eligible. Your rates are calculated based on your age as of the effective date of coverage.

Important Notice Regarding Voluntary Life and AD&D Insurance:

Evidence of insurability will be required if you did not elect voluntary life and AD&D insurance when you were initially eligible or you elect to increase your amount of voluntary life and AD&D insurance. Please complete the evidence of insurability form and Guardian will make a determination if you are able to increase your current election.

Benefit	Guarantee Issue Amounts	Benefit Maximum	Increments of Coverage
Employee	under age 65: $150,000 65 - 69: $50,000 70+: $10,000	$150,000	$10,000

Monthly Voluntary Life and AD&D Rates

Rate per $1,000 of coverage	
Age	Employee
Under 25	$0.083
25-29	$0.083
30–34	$0.091
35–39	$0.119
40–44	$0.152
45–49	$0.226
50–54	$0.356
55–59	$0.524
60–64	$0.667
65–69	$1.056
70 and over	$2.046

Example rate calculation:

A 38-year-old employee elects $50,000 of optional life.

Amount of insurance	Divided by 1,000	Multiplied by rate	Monthly Cost
$50,000	/ 1,000 = 50	$0.119	$5.95

Flexible Spending Account (FSA)

Administered by Benefit Extras

Easy and convenient, a Flexible Spending Account (FSA) allows you and your family to save money on medical, dental, vision, and/or dependent care expenses.

Mid-Minnesota Legal Assistance's FSA plan year runs from January 1, 2024 – December 31, 2024 with the "lose it or use it" rule imposed by the IRS. Any remaining balance in your FSA at the end of the year will be forfeited and not carried over into the next year or converted into cash.

Please note that your Flexible Spending Plan has a "grace period" which allows a participating member to incur expenses after the plan year (1/1/2024-12/31/2024) ends for an additional 2-1/2 months (1/1/2024- 3/15/2025). All claims, however, must be submitted for reimbursement by 3/31/2025. Any unused funds in your account are forfeited. There is no rollover provision at this time. The grace period provision is not for dependent care expenses.

Upon your enrollment into the FSA, you are required to set aside funds each pay period on a pre-tax basis. Per paycheck contributions, which are determined by you and can only be changed one time per year during open enrollment (or for a qualifying event), will be deposited into your account at the end of each pay period.

If your spouse is a HSA participant, you are not eligible to participate in a full FSA, but may enroll in a Limited FSA. Under the Limited FSA, HSA participants can fund an FSA for any eligible dental and/or vision expenses as well as any post-deductible medical expenses over the IRS statutory limits for HSA eligibility.

Whether for elder, spouse, or child care services, under the dependent care FSA, you can fund an FSA for any eligible dependent care services.

Claims can be filed through Benefit Extras via the participant portal website located at www.benefitextras.com or through the Benefit Extras mobile app.

2024 FSA Contribution Limits	
Healthcare Spending Limit	$3,200
Dependent Care Spending Limit	$5,000

To find information on eligible expenses for your health care and dependent care FSA, go to www.irs.gov and search for Publication 502 and 503 [Section 213(d)].

NOTE: Contribution limits may increase following IRS guidance prior to the end of open enrollment. Any changes will be communicated with employees to allow for time to adjust enrollments.

Legal Notices

The following pages contain important information about your rights as an employee covered under Mid-Minnesota Legal Assistance's group benefit plan(s). In this booklet, you will find information regarding the following:

- Medical Summaries of Benefits and Coverage (SBC's)

- Women's Health & Cancer Rights Act

- HIPAA Notice of Privacy Practices Reminder

- HIPAA Special Enrollment Rights

- Notice of Creditable Coverage

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

Please take time to familiarize yourself with this information. If you have dependents that are enrolled in Mid-Minnesota Legal Assistance's plan(s), please make sure they also have the opportunity to review this information

Women's Health & Cancer Rights Act

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: $5,000 – 25% HDHP w/ HRA Plan (Individual: 25% coinsurance and $5,000 deductible; Family: 25% coinsurance and $10,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 612.746.3780 or mcook@mylegalaid.org.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Mid-Minnesota Legal Assistance is committed to the privacy of your health information. The administrators of the Mid-Minnesota Legal Assistance Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Elizabeth Renz - HR Assistant and Payroll/Accounting Specialist at 612.746.3780 or mcook@mylegalaid.org.

HIPAA Special Enrollment Rights

Mid-Minnesota Legal Assistance Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Mid-Minnesota Legal Assistance Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Elizabeth Renz - HR Assistant and Payroll/Accounting Specialist at 612.746.780 or mcook@mylegalaid.org.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from Mid-Minnesota Legal Assistance

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 Mid-Minnesota Legal Assistance 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. **Mid-Minnesota Legal Assistance has determined that the prescription drug coverage offered by the medical 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, your current Mid-Minnesota Legal Assistance coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Mid-Minnesota Legal Assistance coverage, be aware that you and your dependents may 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 Mid-Minnesota Legal Assistance 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 Mid-Minnesota Legal Assistance 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, 2024**
Name of Entity/Sender:	**Mid-Minnesota Legal Assistance**
Contact—Position/Office:	**Magan Cook - HR Assistant and Payroll/Accounting Specialist**
Office Address:	**111 N Fifth St Suite #100**
	Minneapolis, Minnesota 55403
	United States
Phone Number:	**612.746.3780**

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 January 31, 2023. Contact your State for more information on eligibility –

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

GEORGIA - Medicaid	INDIANA - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA - Medicaid and CHIP (Hawki)	**KANSAS - Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY - Medicaid	**LOUISIANA - Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE - Medicaid	**MASSACHUSETTS - Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA - Medicaid	**MISSOURI - Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA - Medicaid	**NEBRASKA - Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA - Medicaid	NEW HAMPSHIRE - Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY - Medicaid and CHIP	**NEW YORK - Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid	**NORTH DAKOTA - Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA - Medicaid and CHIP	**OREGON - Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA - Medicaid and CHIP	**RHODE ISLAND - Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA - Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS - Medicaid	**UTAH - Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT - Medicaid	**VIRGINIA - Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON - Medicaid	**WEST VIRGINIA - Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN - Medicaid and CHIP	**WYOMING - Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

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This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting