



Amazing adventures,  
forever friends.

2023 - 2024

***Benefits Enrollment Guide***



## *Girl Scouts Heart of Michigan*

### Girl Scout Strong!

Girl Scouts is 2.6 million strong—1.8 million girls and 800,000 adults who believe in the power of every G.I.R.L. (Go-getter, Innovator, Risk-taker, Leader)™ to change the world. Our extraordinary journey began more than 100 years ago with the original G.I.R.L., Juliette Gordon "Daisy" Low. On March 12, 1912, in Savannah, Georgia, she organized the very first Girl Scout troop, and every year since, we've honored her vision and legacy, building girls of courage, confidence, and character who make the world a better place. We're the preeminent leadership development organization for girls. And with programs from coast to coast and across the globe, Girl Scouts offers every girl a chance to practice a lifetime of leadership, adventure, and success.

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# **WELCOME LETTER**

## **Congratulations and Welcome to Girl Scouts Heart of Michigan**



This benefit manual has been put together to provide you with a comprehensive overview of the Girl Scouts Heart of Michigan benefit plans. The manual contains important details regarding benefits for you and your family. It also includes information on resources and providers.

Please note that the information described in this manual is intended as an easy-to-read summary and not a guarantee of benefits. Additional limitations and exclusions may apply to covered services. In the event of any inconsistencies with a published insurer's certificate, the certificate will control. This is not a contract and is not intended to serve as required legal notification.

If there is a specific benefit that you would like to discuss in detail, please do not hesitate to contact our Human Resources team. We appreciate your contribution to the success of Girl Scouts Heart of Michigan

Sincerely,

**Girl Scouts Heart of Michigan Leadership**



# *What this book can do for your future.*

The purpose of this book is to highlight four major areas along with provide additional key information about options for your benefits. We want to keep you well informed and confident in the options we have to offer you.



Important  
Reminders



Plan Benefits  
Options



Service  
Directory



Eligibility &  
Enrollment

# **ELIGIBILITY & ENROLLMENT**

## **Important things to know**

1. You are eligible to join the health benefits first of the month following 60 days of employment.
2. If you waive coverage for health benefits, you will not be eligible to join until the next October 1st of each year. The open enrollment period for the October 1st entry will generally be in September.
3. The only time that you can enroll or make changes other than the open enrollment period is if you experience a "qualifying event". Qualifying events are things like marriage, death, divorce, birth or adoption of a child, or loss of coverage. If you experience a qualifying event, please let [hr@gshom.org](mailto:hr@gshom.org) know as soon as possible.

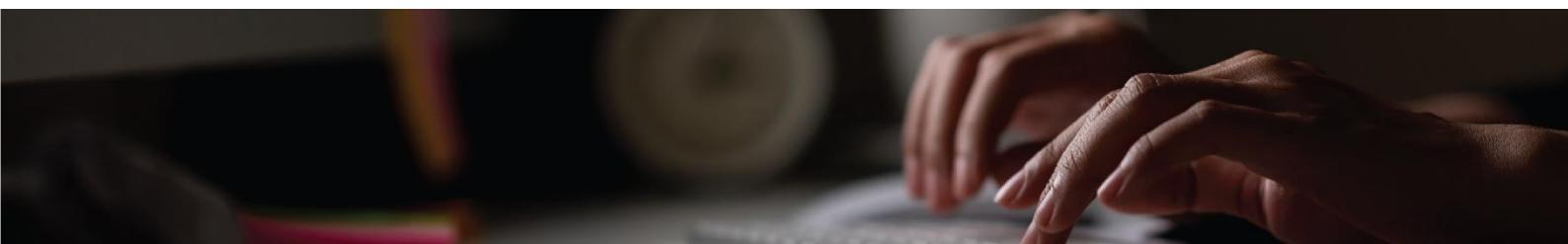
## **Enrollment**

New Hires and newly benefit eligible employees must enroll within 30 days of the date they became eligible. Open enrollment will be held annually to allow any changes. Benefit elections made during open enrollment are effective October 1st of that year.

## **Life Event Changes**

IRS Regulations require that your benefit elections remain in force for the full plan year, which for Girl Scouts Heart of Michigan is October 1st through September 30th. The only exception to this rule is a qualified change in status, as defined under the Internal Revenue Code. Under current Federal Tax Rules, the following situations are examples of qualified family status changes:

- ▲ Change in Marital Status, including Marriage, Divorce, Legal Separation, Annulment, or Death of spouse.
- ▲ Change in the number of dependents, including Birth, Death, Adoption, or placement for Adoption.
- ▲ Change in Employment Status of the Employee, Spouse, or Dependent.
- ▲ Change in residence of Employee, Spouse, or Dependent.
- ▲ Dependent meeting or ceasing to the plan's definition of Dependent.
- ▲ A Judgment, Decree, or Order requiring Dependent coverage (QMSCO).



# **ELIGIBILITY & ENROLLMENT**

## **What is covered and how to make a claim**

**The Girl Scouts Heart of Michigan policy for changes in status events consists of three parts:**

1. The change-in-status event must cause an individual to gain or lose eligibility for benefits in one of the underlying plans, or under another employer's plan.
2. The mid-year election change must be "on account of" the change in status.
3. The mid-year change must "correspond with" the change in status that caused a gain or loss of plan eligibility.



**Election resulting from a qualified change of status must be made within 30 days of the qualifying event.**

## **Dependent Eligibility:**

To ensure that we are providing coverage only to those dependents covered by our Plan's definition, we require all participants who are adding dependent coverage to provide proof of eligibility. Eligible dependents are:

- ▲ Your legally married spouse.
- ▲ Your natural children, stepchildren, legally adopted children, and children under court appointed guardianship until the age and guidelines noted below:
  - ✓ Covered under Medical, Dental and Vision until the end of the year of age 26, regardless of student status and dependent tax status.
  - ✓ Dependent child can be married or unmarried.
  - ✓ An unmarried adult child who has been placed for adoption with a covered employee, whether adoption is finalized.
- ▲ A child described by a Qualified Medical Child Support Order (QMSCO) which assigns a child of a covered employee the rights of a participant or beneficiary to receive benefits.

# **BENEFITS CHECKLIST:**

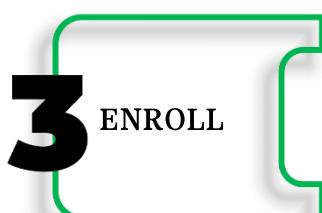
## **3 Steps to Coverage**



- ▲ Read this guide and keep it handy so you can refer to it as needed.
- ▲ Attend an Open Enrollment meeting or view the presentation. Meeting dates and times will be communicated by the Human Resources department.
- ▲ Ask questions. Contact the Human Resources department for answers to your questions, if needed.



- ▲ Consider your current benefit coverage and whether or not it will meet your needs for the upcoming year. For example are you expecting a major medical expense, such as childbirth or an elective surgery? Is your family financially protected if you can't work due to an accident or illness?
- ▲ Consider other available coverage. If your spouse works and has access to benefits through his or her employer, carefully review the coverage available and compare it to the Company's benefits to determine which plan best meets your needs.
- ▲ Gather information you will need. If you are adding new dependents, you will need their dates of birth and Social Security Numbers. You will also need to provide proof of your relationship to Human Resources by the posted deadline date.



- ▲ Complete the Benefit Enrollment through Employee Navigator. This must be completed even if you are maintaining your current benefits or waiving coverage.
- ▲ Submit any required information for new dependents (e.g., marriage license, birth certificate, etc.) if you are enrolling in the medical plan for the first time. If waiving coverage, you must submit proof of other coverage.

# **BENEFIT PLAN OPTIONS**

Girl Scouts Heart of Michigan and the employee are both contributing towards the cost of medical coverage. Please see your cost sheet for premium pricing.

All employees must enroll/ waive coverage online via Employee Navigator. All elections (including waiver of benefits) made during this Open Enrollment period may not be changed until the next Open Enrollment (effective October 1st) unless you have a qualified family status change.

## **2023 Benefit Plan Options**

Carrier	Benefit Options
Priority Health	Priority Health HMO HSA \$4000 & HRA \$5000 Priority Health PPO HSA \$4000 & HRA \$5000
Beam	Dental Vision
HealthEquity	Dependent Care Account Flexible Healthcare Spending Account Health Savings Account
Mutual of Omaha	Group Term Life / Voluntary Life Voluntary Short & Long-Term Disability Voluntary Accident & Voluntary Critical Illness
LegalShield	LegalShield IDShield
WellCar	Extended Car Warranty

## **2023 Employee Cost Per Pay**

Offered Benefits	Employee Only	Employee + One	Family
Priority Health HMO HSA \$4000	\$32.49	\$77.97	\$97.46
Priority Health HMO HRA \$5000	\$42.78	\$102.68	\$128.35
Priority Health PPO HSA \$4000	\$35.94	\$86.24	\$107.80
Priority Health PPO HRA \$4000	\$47.84	\$114.83	\$143.53
BEAM Dental	\$0.00	\$5.88	\$9.96
BEAM Vision	\$0.00	\$1.30	\$1.78
Legal Shield		\$11.57	
ID Shield	\$7.87	\$14.75	\$14.75
Mutual of Omaha Voluntary opt.		Click link in Portal	
WellCar		\$27.00 per Pay Period per Vehicle Enrolled	

# **IMPORTANT REMINDERS**

## **Visit the Carrier's Website**

These websites are a source of valuable information for you. When you register on most medical, dental, pharmacy benefit, or vision plan websites, for instance, you can:

- ▲ View your benefits
- ▲ Request additional identification cards
- ▲ Find a participating provider
- ▲ Take a Health Risk Assessment
- ▲ Obtain copies of Explanation of Benefits (EOBs) and set up personal health records
- ▲ Research the cost of common health care services
- ▲ Find and compare hospitals
- ▲ Research and compare drug treatment options and costs, medical and drug encyclopedias, newsletters

## **Review the Benefit Booklets**

You will receive booklets or certificates from the Carriers. Be sure to review these so that you understand how the plans work. These days, with ever increasing health care costs, everyone must be a responsible consumer. We need to take charge of our benefit plans by asking questions of our doctors, dentists, optometrists, and pharmacists:

- ▲ Ask if the recommended test is needed or if there is another treatment option. Find out if a generic, or an over-the-counter drug, is available.
- ▲ Ask if the service to be provided is covered under our benefit plan and how much of the cost is yours to pay.
- ▲ Use the Emergency Room wisely. Call your doctor or Nurse Line for treatment direction when it is a non-emergency situation.
- ▲ Verify the participating status of a specialist, lab, x-ray facility, hospital, etc. before services are done, when possible. Look at filling maintenance drugs on a mail order basis.
- ▲ Take full advantage of preventive services under the medical, dental, and vision plans.
- ▲ Listen to your health care providers. Make informed health care choices. Get healthy and stay healthy!

# **IMPORTANT REMINDERS**

Contact the Human Resources Department to report any changes in your enrollment record. Changes include:

- ▲ Address and Phone Number changes
- ▲ Students no longer eligible for coverage
- ▲ Adding or Deleting Dependents because of Birth, Marriage, Divorce, or Death. Please report these within 30 days of the event to avoid losing coverage.

***KEEP YOUR  
INFORMATION  
CURRENT***



## **When you have a problem**

Contact the Carrier's Customer Service Department. Be sure to have your identification card and Explanation of Benefits or other correspondence you might have received. The Customer Service Department will need your Name, Contract or Policy Number, Date of Service, amount of the charge, and the name of your Service Provider.



# **BENEFITS ELIGIBILITY OVERVIEW**

## **REMINDERS**

Our benefits package is comprehensive and offers you and your family a choice of many programs, along with company-paid coverage. Learn all about our benefit programs by reading this Benefit Guide. Let Human Resources know if you have any questions.

After you've made your benefit choices, keep this Benefits Enrollment Guide in a safe place so you can reference it throughout the year.

<b>Eligibility</b>	Employees working a minimum of 30 hours per week will be eligible for Medical, Dental, Vision, Life/AD&D and Voluntary benefits described in this Benefit Enrollment Guide. Eligible persons who transfer from part-time status to full-time status become covered on the first day of continuous full-time employment for Medical, Dental, Vision, Life, and Voluntary benefits.
<b>New Hire Coverage</b>	As a new hire, your Medical, Dental, Vision, Group Life, and Voluntary benefit eligibility date is first of the month following 60 days of employment.
<b>Dependent Eligibility</b>	If you wish, your dependents may also be covered under the Medical, Dental, Vision and Voluntary plans.
<b>Eligible Dependents Include:</b>	<ul style="list-style-type: none"><li>▲ Legal spouse, as defined by federal law</li><li>▲ Children</li></ul>
<b>Medical</b>	Children up to age 26 regardless of marital status, financial dependency, residency with the eligible employee, student status employment status, or eligibility for other coverage unless permanently and totally disabled. Dependent children include biological, stepchildren, legal adoption, and legal guardianship. Coverage will terminate at the end of the year in which the child turns age 26.
<b>Dental</b>	Children up to age 26, unless permanently and totally disabled. Dependent children include biological, stepchildren, a child placed with you for adoption or foster care. Coverage will terminate at the end of the calendar year in which the child turns age 26.
<b>Vision</b>	Children up to age 26 regardless of marital status, financial dependency, residency with the eligible employee, or student status unless permanently and totally disabled. Dependent children include biological, stepchildren, legal adoption, and legal guardianship. Coverage will terminate at the end of the calendar year in which the child turns age 26.
<b>Voluntary Life</b>	Unmarried children at least 14 days up to age 26, unless permanently and totally disabled. Dependent children include biological, stepchildren, adopted, a child placed with you for adoption or foster child; provided the child resides in your household and is dependent on you for principal support. Coverage will terminate the date the child ceases to be eligible.

# **BENEFITS ELIGIBILITY OVERVIEW**

## **REMINDERS**

<b>Annual Elections</b>	<p>We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state, and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation.</p> <p>These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the plan year (October 1-September 31). The IRS permits you to change your pre-tax contribution amount mid-year only if you have a change in status, which includes the following:</p> <ul style="list-style-type: none"><li>▲ Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.</li><li>▲ Marriage, legal separation, annulment, or divorce.</li><li>▲ Death of a dependent.</li><li>▲ A change in employment status if it affects eligibility under the plan.</li><li>▲ A change in election that is on account of, and corresponds with, a change made under another employer plan.</li><li>▲ A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan.</li></ul> <p>The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 30 days of the change in status. If you do not notify Human Resources within 30 days, you must wait until the next annual open enrollment period to make a change. These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars.</p> <p>Please review the medical booklet and other vendor documents for information about when those programs allow you to elect or cancel coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.</p>
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# **BENEFITS ELIGIBILITY OVERVIEW REMINDERS**

## **Medicaid Expansion**

Medicaid provides health coverage for low income individuals including children, pregnant women, parents of eligible children, people with disabilities and the elderly needing nursing home care. The eligibility rules are different for each state. Health care reform expands the Medicaid program to include individuals between the ages of 19 to 65 (parents, and adults without dependent children) with incomes up to 138% of the Federal Poverty Level. This is important because people who were not previously eligible for Medicaid may now be eligible under the expansion.

Michigan passed the Medicaid expansion in early 2014. Depending on your household income you may be better off enrolling in Medicaid rather than our medical plan. To see if your household qualifies for Medicaid, please visit:

- ▲ <https://www.healthcare.gov> - Find information about all aspects of the Affordable Care Act, including links to state websites and coverage applications.
- ▲ [www.healthcare.gov/do-i-qualify-for-medicaid/](http://www.healthcare.gov/do-i-qualify-for-medicaid/) - For information on Medicaid eligibility.
- ▲ <https://www.medicaid.gov/> - For more information on Medicaid.

## **How does the medical plan pay automobile accident claims?**

Priority Health already pays primary on most auto accident-related medical claims for our fully insured individual and group coverage.

Members may still want to purchase PIP coverage because it also pays for items that health insurance doesn't, such as attendant care, lost wages and vehicle or housing modifications.

If you have questions about your coverage, call the Customer Service Number on the back of your Priority Health ID card.





# MEDICAL COVERAGE



# DENTAL COVERAGE



# ***VISION COVERAGE***

# ***HEATH EQUITY***



# INSURANCE POLICY

## TERMS AND CONDITIONS

We've got chosen us for your insurance needs. With the level of benefit and protection you will learn everything you would like to know about us. If you have got a claim, we will be there for you.

***MUTUAL OF OMAHA***



# **WELLCAR**

# LEGALSHIELD

# AFLAC

# ***SERVICE DIRECTORY***

**Contact those who can help your claim**



## **Carrier Contact Information**

Carrier	Phone Number	Website
Priority Health	(800)942-0954	<a href="http://www.priorityhealth.com">www.priorityhealth.com</a>
BEAM	(800) 648-1179	<a href="http://www.beambenefits.com">www.beambenefits.com</a>
Mutual of Omaha	(800) 775-8805- Life (800) 877-5176-Disability	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
LegalShield	(800) 499-3539	<a href="http://www.legalshield.com">www.legalshield.com</a> <a href="mailto:legaltrooper@gmail.com">legaltrooper@gmail.com</a>
Wellcar	(877) 236-7162	<a href="http://www.wellcar.com">www.wellcar.com</a>
Health Equity	(800) 346-5800	<a href="http://www.HealthEquity.com">www.HealthEquity.com</a>
AFLAC	Scott Davidson: (248) 573-5213 Claims: (800) 992-3522	<a href="http://www.aflac.com">www.aflac.com</a> <a href="mailto:aj_benefits_inc@us.aflac.com">aj_benefits_inc@us.aflac.com</a>

## **Additional Content**

HR Team: Molly Haines	(269) 532-7006	<a href="mailto:hr@gshom.org">hr@gshom.org</a>
HR Team: Mariela Rua	(269) 343-1516	<a href="mailto:hr@gshom.org">hr@gshom.org</a>
Benefit Manager: Patterson-Bryant	(248) 433-1902	<a href="http://www.pattersonbryant.com">www.pattersonbryant.com</a> <a href="mailto:aellis@pattersonbryant.com">aellis@pattersonbryant.com</a>

# **NOTIFICATIONS**



## **Women's Health & Cancer Rights Act**

The Federal Women's Health and Cancer Rights Act of 1998 requires that benefits must be provided for reconstruction of a surgically removed breast; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment for physical complications from all stages of mastectomy, including lymphedemas.

These benefits are subject to applicable terms and conditions under your health plan, including co-payments, deductible, and coinsurance provisions. They are also subject to medical insurance limitations and exclusions. This notification is a requirement of the act. If you have any questions, you may contact your Plan Administrator or your health insurance carrier directly.

## **Newborn and Mother's Health Protection**

Group health plans and health insurance issuers offering group health insurance coverage may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for less than 48 hours following normal vaginal delivery, or less than 96 hours following a cesarean section, or require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of the above periods.

# **PRIVACY PRACTICES**

## **We are committed to protecting your information**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes the practices for safeguarding individually identifiable private health information. The terms of this Notice apply to members and dependents for their group medical expense, group dental expense and/or group vision care expense insurance. We are required by law to maintain the privacy of our members and dependents private health information and to provide notice of our legal duties and privacy practices with respect to private health information.

We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all private health information maintained by us. Copies of revised Notices will be mailed to plan sponsors for distribution to the members then covered under the policy. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

## ***Uses and Disclosures of your Private Health Information***

Group health plans and health insurance issuers offering group health insurance coverage may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for less than 48 hours following normal vaginal delivery, or less than 96 hours following a cesarean section, or require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of the above periods.

### **Authorization:**

Except as explained below, we will not use or disclose your private health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to your Privacy Officer. A form to revoke an authorization can be obtained from the Privacy Officer.

# **PRIVACY PRACTICES**

## **Disclosures for Treatment:**

We may disclose your private health information as necessary for your treatment. For instance, a doctor or healthcare facility involved in your care may request your private health information in our possession to assist in your care.

## **Uses and Disclosures for Payment:**

We will use and disclose your private health information as necessary for payment purposes. For instance, we may use your private health information to process or pay claims, or to perform a hospital admission review to determine whether services are for medically necessary care and to perform prospective reviews. We may also forward information to another insurer in order for it to process or pay claims on your behalf.

## **Uses and Disclosures for Health Care Operations:**

We will use and disclose your private health information as necessary for health care operations. For instance, we may use or disclose your private health information for quality assessment and quality improvement, evaluating health care providers, premium rating, conducting, or arranging for medical review or compliance. We may also disclose your private health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We may contact your health care providers concerning prescription drug or treatment alternatives.



# **PRIVACY PRACTICES**

## **We are committed to protecting your information**

### **Other Health-Related Uses and Disclosures:**

We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you. Information received preenrollment: We may request and receive from you and your health care providers' private health information prior to your enrollment under the group policy. We will use this information to determine whether you are eligible to enroll under the policy and to determine the rates. If you do not enroll, we will not use or disclose the information we obtained about you for any other purpose. Information provided on enrollment forms or applications will be utilized for all coverage's being applied for, some of which may be protected by the state, not federal, privacy laws.

### **Business Associate:**

Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your private health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your private health information.

### **Plan Sponsor:**

As a Plan Sponsor of a fully insured or self-insured medical plan, private health information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other employee benefit plan of the plan sponsor.

### **Family, Friends and Personal Representatives:**

With your approval, we may disclose to family members, close personal friends, or another person you identify, your private health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your private health information without your approval. We may also disclose your private health information to public or private entities to assist in disaster relief efforts.

# **PRIVACY PRACTICES**

**We are committed to protecting your information**

## **Other Uses and Disclosures:**

We are permitted or required by law to use or disclose your private health information, without your authorization, in the following circumstances:

- ▲ For any purpose by law.
- ▲ For public health activities (for example, reporting of disease, injury, birth, death, or suspicion of child abuse or neglect).
- ▲ To a governmental Authority if we believe an individual is a victim of abuse, neglect, or domestic violence.
- ▲ For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative, or criminal proceedings or actions).
- ▲ For judicial or administrative proceedings (for example, pursuant to a court order, subpoena, or discovery request).
- ▲ For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses, or missing people).
- ▲ To coroners and funeral directors.
- ▲ For procurement, banking or transplantation or organ, eye, or tissue donations; for certain research purposes.
- ▲ To avert a serious threat to health or safety under certain circumstances.
- ▲ For military activities if you are a member of the armed forces; for intelligence or national security issues or about an inmate or an individual to a correctional institution or law enforcement official having custody.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We will only use or disclose AIDS/HIV-related information, genetic testing information and information pertaining to your mental condition, or any substance abuse problems as permitted by state and federal law or regulation.

## **Your Rights:**

**Restrictions on Use and Disclosure of Your Private Health Information:** You have the right to request restrictions on how we use or disclose your private health information for treatment, payment, or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to the Privacy Officer. A form to request a restriction can be obtained from the Privacy Officer.

# **PRIVACY PRACTICES**

## **We are committed to protecting your information**

**Receiving Confidential Communications of Your Private Health Information:** You have the right to request communications regarding your private health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests.

To request a confidential communication, you must send a written request to the Privacy Officer. A form to request a confidential communication can be obtained from the Health Information Protection Analyst.

**Access to Your Private Health Information:** You have the right to inspect and/or obtain a copy of your private health information if any is maintained in our Personnel files. To request access to your information, you must send a written request to the Privacy Officer. A form to request access to your private health information can be obtained from the Health Information Protection Analyst. A fee will be charged for copying and postage.

**Amendment of Your Private Health Information:** You have the right to request an amendment to your private health information to correct inaccuracies. To request an amendment, you must send a written request to the Privacy Officer. A form to request an amendment to your private health information can be obtained from the Privacy Officer. We are not required to grant the request in certain circumstances.

**Accounting of Disclosures of Your Private Health Information:** You have the right to receive an accounting of certain disclosures made by us of your private health information to request an accounting, you must send a written request to the Privacy Officer. A form to request an accounting of your private health information can be obtained from the Privacy Officer. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

**Complaints:** If you believe your privacy rights have been violated, you can send a written complaint to the Privacy Officer, or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. If you have any questions or need any assistance regarding this Notice or your privacy rights, please contact the Privacy Officer.

# **DESCRIPTION DRUG COVERAGE & MEDICARE PART D**

## **Important Notice from Girl Scouts Heart of Michigan About Your Prescription Drug Coverage and Medicare.**

**THIS NOTICE IS FOR PEOPLE WITH MEDICARE. PLEASE READ THIS NOTICE CAREFULLY AND KEEP IT WHERE YOU CAN FIND IT.**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Girl Scouts Heart of Michigan 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 Jommg, 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.

If you and/or your family members are not now eligible for Medicare and will not be eligible during the next 12 months, you may disregard this Notice. If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.

This announcement is required by law whether the group health plan's coverage is primary or secondary to Medicare. Because it is not possible for our Plan to always know when a Plan participant or their eligible spouse or children have Medicare coverage or will soon become eligible for Medicare, we have decided to provide this Notice to all possible plan participants.

**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. Girl Scouts Heart of Michigan has determined that the prescription drug coverage offered by Blue Cross Blue Shield of Michigan are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

# **DESCRIPTION DRUG COVERAGE & MEDICARE PART D**

**Important Notice from Girl Scouts Heart of Michigan About Your Prescription Drug Coverage and Medicare.**

## **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 Girl Scouts Heart of Michigan coverage will not be affected. 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 Girl Scouts Heart of Michigan 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 Girl Scouts Heart of Michigan 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 will 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 Girl Scouts Heart of Michigan changes. You also may request a copy of this notice at any time.

# **DESCRIPTION DRUG COVERAGE & MEDICARE PART D**

**Important Notice from Girl Scouts Heart of Michigan About Your Prescription Drug Coverage and Medicare.**

## **When Can You Join a Medicare Drug Plan?**

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

For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov)

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772- 1213 (TTY 1-800-325-0778).

Date:	October 1, 2023
Name of Entity / Sender:	Girl Scouts Heart of Michigan
Contact:	Human Resources Department
Address:	601 W. Maple, Kalamazoo, MI 49008
Phone Number:	(269) 343-1516

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).



The information in this book has been compiled by:

**PATTERSON - BRYANT, INC.**



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