



McCURTAIN MEMORIAL HOSPITAL

2023 – 2024 Employee Benefits Guide

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see section entitled "Important Notice from McCurtain Memorial Hospital About Your Prescription Drug Coverage and Medicare"

Statement of Material Modifications:

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the McCurtain Memorial Hospital 2023-2024 summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



Welcome!

At McCurtain Memorial Hospital, we see our benefits as a valuable addition to your overall compensation. We are proud to offer our employees and their families a comprehensive benefits package that delivers quality coverage. Our goal is to help McCurtain Memorial Hospital employees enjoy happy and healthy lifestyles, while maintaining a good work/life balance.

For 2023 plan year, McCurtain Memorial Hospital's benefit plans available to eligible employees and dependents include:

- Medical – Blue Cross Blue Shield (2 plans)
- Voluntary Dental – Delta Dental
- Voluntary Vision – Vision Service Plan (VSP)
- Basic Life and Accidental Death and Dismemberment (AD&D) - Symetra
- Voluntary Life & AD&D - Symetra
- AFLAC Products
 - Accident
 - Hospital Indemnity
 - Heart/Stroke
 - Cancer
 - Short Term Disability

This summary contains information that will help you make your benefit choices for the 2023-2024 plan year. Read it carefully and share the information with your family.

Enrollment and Eligibility

Coverage Designed for You

McCurtain Memorial Hospital's benefits program is available to active, full-time employees who are regularly scheduled to work 30 or more hours per week. As an active employee, you are eligible to enroll in medical, dental, life and AD&D, the cancer plan, short-term disability, and the accident plan. Basic life and AD&D is provided by McCurtain Memorial Hospital at no cost to you.

When do my benefits start?

Benefits begin on the 1st of the month following 30 days of full time employment.

Can I cover my dependents?

You may elect coverage for your dependents under the medical, dental and voluntary life plans.

Eligible dependents include:

- Legal Spouse
- Dependent children up to age 26
- Dependent children may be covered beyond age 26 if mentally or physically disabled, living with the employee, and primarily dependent upon the employee for support
- Any child who is required by law to be covered as the employee's dependent under a Qualified Medical Child Support Order (QMCSO)

Electing Benefits and Making Changes

McCurtain Memorial Hospital offers medical, dental and vision premiums on a pre-tax basis. The payroll deduction for these benefits reduces your taxable income, creating a tax savings and increased take home pay for you. However, once an election is made on a pre-tax basis, it cannot be changed until the next annual enrollment unless you experience a Qualifying Life Event (QLE).

- **During initial enrollment:** You may enroll within 30 days from the date when you are first eligible for benefits. If you do not enroll in the benefits program when you are initially eligible, you may enroll at the next annual enrollment; however, evidence of insurability may be required.
- **During annual enrollment:** A new benefit election or change must be completed before the end of the designated enrollment period.
- **When you experience a Qualifying Life Event:** Major life-changing events can generate a qualifying family status change. A qualifying change in status will allow you to make changes to your benefit plan elections outside of the annual enrollment period. These events include, but are not limited to:
 - Marriage or divorce
 - Birth or adoption of a child
 - Qualified Medical Child Support Order (QMCSO)
 - Loss or gain of other coverage
 - Death of a spouse or dependent
 - Loss or gain of other qualifying coverage

If you have a qualifying family status change, you must notify Human Resources within **30 days** of the event. Requests received after this deadline will be denied and changes cannot be made until the next annual enrollment period.

Medical

Blue Cross Blue Shield of Oklahoma - www.bcbsok.com - 1-800-942-5737

McCurtain Memorial Hospital is offering two Blue Cross Blue Shield medical plans that utilizes the Blue Advantage Network of providers. Outside of Oklahoma, you have access to the largest PPO Network in each state as In Network. You can find those providers on the above website. We are offering a Standard PPO plan and also a High Deductible Health Plan that is eligible for a Health Savings Account (HSA). You are eligible for coverage on the first of the month following 30 days of full-time employment.

	MOBAP0032 - Standard Plan	MOBAP1020 – HDHP (HSA Eligible)
	IN-NETWORK BENEFITS	IN-NETWORK BENEFITS
Deductible (Calendar Year)	\$2500 Individual / \$7,500 Family	\$5,000 Individual / \$10,000 Family
Coinsurance	Plan Pays 80%	Plan Pays 100%
Out of Pocket <i>Includes Deductible, Coinsurance, Copays, Rx</i>	\$6,000 Individual / \$12,000 Family	\$5,000 Individual / \$10,000 Family
Primary Care Visit	\$30 Copay	Deductible
Specialist Visit	\$50 Copay	Deductible
Urgent Care Visit	\$30 or \$50 Copay	Deductible
Spinal Manipulation	Deductible & Coinsurance	Deductible
Emergency Room	\$200 per visit + Deductible & Coinsurance	Deductible
In Patient Hospital	\$750 per visit + Deductible & Coinsurance	Deductible
Out Patient Surgery	\$250 per visit + Deductible & Coinsurance	Deductible
X-Ray, Lab and Imaging <i>(Prior Authorization may be required)</i>	Lab & X-ray - No Charge Imaging - Deductible & Coinsurance	Deductible
Mental Health In Patient Out Patient Services	\$750 + Deductible & Coinsurance \$30 or Deductible & Coinsurance	Deductible Deductible
Rx Drug Walgreens & Walmart and many other pharmacies are Preferred Pharmacies. If brand chosen when generic available, pay copay + cost difference	Preferred / Non-Preferred Pharmacy Preferred Generic: \$0 / \$10 Non-Preferred Generic: \$10 / \$20 Preferred Brand: \$35 / \$55 Non-Preferred Brand: \$75 / \$95 Preferred Specialty: \$150 Non-Preferred Specialty: \$250	Deductible
Mail Order Rx Drug	90 Day Supply (No Specialty) 2.5 x Copay	Deductible
Preventive Care	100% - Deductible does not apply	100% - Deductible does not apply
Network/ Participating Hospitals	Blue Advantage Network www.bcbsok.com Outside of Oklahoma www.bluecares.com Largest Blue Cross PPO network in any state is considered In Network	

This is a brief summary of your benefits. Refer to the Master Contract/Summary Plan description for plan details.

MOBAP0030 – Standard Medical Plan Cost

EMPLOYEE ONLY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		EMPLOYEE + FAMILY	
Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
\$108.33	\$50	\$433.41	\$200.04	\$410.84	\$189.62	\$726.31	\$335.22

MOBAP1020 – HDHP Medical Plan Cost (HSA Eligible)

EMPLOYEE ONLY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		EMPLOYEE + FAMILY	
Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
\$108.33	\$50	\$316.83	\$146.23	\$316.85	\$146.24	\$508.88	\$234.87

Health Savings Account (HSA)

HSA BANK

www.hsabank.com

800-357-6246 – Client Assistance Center for Members

A Health Savings Account, or HSA, is a unique tax-advantaged account that can be used to pay for current or future healthcare expenses like deductibles, copays, coinsurance, vision & dental expenses that are not paid by insurance. To be eligible to open an HSA, you must be enrolled in a qualified high-deductible health plan, cannot be covered by any other non-HSA-compatible health plan like Medicare Part A and B, TriCare and no one (other than your spouse) claims you as a dependent on their tax return. These funds roll over each year. If you use the funds for non-eligible expenses, you will not only have to take the funds as taxable income, but there will also be a 10% penalty prior to age 65. After age 65, you can take out the funds without any penalty but it would be taxable income unless it is used for qualified medical expenses. McCurtain Memorial Hospital will payroll deduct and deposit into your HSA account the amount you specify on your enrollment form. You can also put money into the account on your own up to the IRS maximum amounts.

For 2023, the maximum amount you can contribute to an HSA if you have employee only coverage HDHP coverage is \$3,850 or \$320.83 per month. If you have any dependents covered under your High Deductible Health Plan (HDHP), then the maximum is \$7,750 or \$645.83 per month. If you are age 55+, you can make an additional \$1,000/year in catch-up contribution pro-rated for the months you have coverage under the HDHP.

This account will be a personal account that you can continue even if you are no longer here. If you decide to enroll in the HDHP & contribute to the HSA, let us know if you want to have funds payroll deducted and how much on your enrollment form. You can also contribute to your HSA through online banking transfer or personal check to HSA Bank. Just remember to stay within the IRS limits above. Once we have enrolled you, you will be mailed a Welcome Kit from HSA Bank along with a debit card to access your funds. There will also be instructions on how you can check your account, etc. online at www.hsabank.com.

Voluntary Dental

Delta Dental of Oklahoma – Group #TBD

www.deltadentalok.org

800-522-0188

Deductible

Individual / Family

Preventive

Oral Exams, Cleanings, X-rays, Fluoride Treatments, Sealants, Space Maintainers

Basic

Simple Extractions, General Anesthesia, Endodontics, Periodontics, Restorative, Amalgams, Composites

Major

Inlays/Onlays, Dentures, Crowns, Prosthodontics, Implants

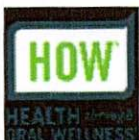
Orthodontics – Dependent Child to age 26

Maximum Dental Benefit per Person

Waiting Period

Network

DELTA DENTAL POINT OF SERVICE		
PPO Network	Premier Network	Out of Network*
\$50 / Max 3	\$50 / Max 3	\$50 / Max 3
100% Deductible Waived	100% Deductible Waived	90% Deductible Waived
80% after deductible	80% after deductible	60% after deductible
50% after deductible	50% after deductible	30% after deductible
50% up to lifetime max of \$2,000	50% up to lifetime max of \$2,000	30% up to lifetime max of \$2,000
\$2,000 per year (In addition benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce the max benefit)		
None		
Delta Dental PPO or Premier Network – www.deltadentalok.org or www.deltadental.com Nationwide Network		
*Out of network - paid at the prevailing fee which is about 51 st percentile UCR. You will be most satisfied if you seek treatment from an in network provider.		



Additional preventive benefits may be available to you with Health through Oral Wellness (HOW®). For more information, please visit DeltaDentalOK.org/HOW

Voluntary Dental Plan Cost

EMPLOYEE ONLY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		EMPLOYEE + FAMILY	
Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
\$28.96	\$13.37	\$57.94	\$26.74	\$84.58	\$39.04	\$113.56	\$52.41

This is a brief summary of your benefits. Refer to the Master Contract/Summary Plan description for plan details.

Voluntary Vision

Vision Service Plan - VSP

Group #TBD

vsp.com

800-877-7195

	VSP BASE PLAN	VSP BUY UP PLAN	OUT OF NETWORK*
Benefit Frequency			
Eye Exam	Once every 12 months	Once every 12 months	<i>Same as in network for each plan</i>
Lenses	Once every 12 months	Once every 12 months	
Frames	Once every 24 months	Once every 12 months	
Eye Exam	\$20 copay	\$20 copay	Up to \$45 allowance
Lenses			
Single	\$20 copay	\$20 copay	Up to \$30 allowance
Lined Bifocal	\$20 copay	\$20 copay	Up to \$50 allowance
Lined Trifocal	\$20 copay	\$20 copay	Up to \$65 allowance
Lenticular	\$20 copay	\$20 copay	Up to \$100 allowance
Standard Progressive Lenses	\$20 copay	\$20 copay	Up to \$50
Premium Progressive	\$95 - \$105	\$95 - \$105	
Custom Progressive	\$150 - \$175	\$150 - \$175	
Other Enhancements @ discount			
Contact Lenses			
<i>In lieu of glasses</i>	\$130 allowance	\$150 allowance	Up to \$105 allowance
Fitting, follow-up, lenses			
Frames	\$20 copay, \$130 allowance + 20% discount on balance Extra \$20 allowance on Featured Frame Brands	\$20 copay, \$150 allowance + 20% discount on balance Extra \$20 allowance on Featured Frame Brands	Up to \$45 allowance

*Out of Network Benefits are the same for both plans

	EMPLOYEE ONLY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		EMPLOYEE + FAMILY	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
Base Plan	\$8.04	\$3.71	\$12.86	\$5.94	\$13.13	\$6.06	\$21.17	\$9.77
Buy Up Plan	\$11.75	\$5.42	\$18.80	\$8.68	\$19.19	\$8.86	\$30.94	\$14.28

Basic Life and AD&D

Symetra - symetra.com - 877-377-6773

All employees are eligible for Basic Life and Accidental Death & Dismemberment (AD&D) insurance. Benefits are based on job classification.

- **Full-time department heads:** 2 x annual pay, up to \$300,000. Guarantee Issue Amount is \$300,000.
- **Full-time employees with 2+ years of service:** 2 x annual pay, up to \$50,000. Guarantee Issue Amount is \$50,000
- **Full-time employees with <2 years of service:** \$20,000. Guarantee issue Amount is \$20,000.

Benefits reduce to 65% at age 65, then to 50% at age 70. If your income increases adding more coverage to your life insurance, you will need to provide Evidence of Insurability if the amount exceeds the Guarantee Issue Amount. If your salary increases again so that the increase amount is more than \$25,000, you might have submit another Evidence of Insurability.

This is a brief summary of your benefits. Refer to the Master Contract/Summary Plan description for plan details.

Voluntary Life and AD&D

Symetra - symetra.com - 877-377-6773

If you want more life and AD&D insurance than the basic plans provide, you can purchase additional voluntary life and AD&D insurance for yourself and your dependents. This plan provides benefits in addition to your basic coverage. All policies are portable, and rates do not change upon termination of employment. You must purchase coverage for yourself if you want to purchase it for your spouse and/or dependent children. **You do not have to provide evidence of insurability if you take out coverage when you are first eligible up to the Guarantee Issue Amount.** Any coverage taken out after you are initially eligible or above the Guarantee Issue Amount will require you to complete the Evidence of Insurability form and go through underwriting.

	EMPLOYEE	SPOUSE	CHILD(REN)
Benefit Election Options	\$10,000 increments	\$5,000 increments	\$2,000 increments
Benefit Maximum	\$500,000 or 5x annual salary	\$100,000 or 50% of employee election	\$10,000
Guarantee Issue (voluntary life only)	\$150,000	\$50,000	\$10,000
Combined Max Benefit of Basic Life & AD&D and Supplemental Life & AD&D	\$500,000		

*Benefits listed are for children older than 6 months. Children 6 months and younger are eligible for \$100 of coverage.

Benefits reduce to 65% at age 65, then to 50% at age 70. When you're initially eligible, you can purchase up to the guarantee issue amount for voluntary life insurance without having to provide evidence of insurability (proof of your good health).

Voluntary Life and AD&D Costs (per \$1,000 of coverage)

	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Monthly (Employee/Spouse)	\$.060	\$.08	\$.09	\$.11	\$.166	\$.262	\$.43	\$.66	\$1.27	\$2.235
Biweekly (Employee/Spouse)	\$.028	\$.037	\$.042	\$.051	\$.077	\$.121	\$.198	\$.305	\$.586	\$1.032

The **child voluntary life** rate is \$.24 (per \$1,000 of coverage) per month or \$.11 biweekly.

The **voluntary employee and spouse AD&D** rate is \$.015 (per \$1,000 of coverage) per month or \$.007 biweekly.

Voluntary Worksite Products

AFLAC - Heather Hammer - 903-826-5030 Fax: 580-920-0888 heather_hammer@us.aflac.com

AFLAC provides voluntary worksite products such as:

- Accident
- Hospital Indemnity
- Heart/Stroke
- Cancer
- Short Term Disability

AFLAC pays cash directly to you. If you are interested, contact Heather Hammer and she will be glad to help you with any of these products. She will also help you file any claims you have!

This is a brief summary of your benefits. Refer to the Master Contract/Summary Plan description for plan details.

Notices

Women's Health and Cancer Rights Act Notice

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

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

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

Newborns' and Mothers' Health Protection Act

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

Health Insurance Portability and Accountability Act (HIPAA)

McCurtain Memorial Hospital in accordance with HIPAA, protects your Protected Health Information (PHI). McCurtain Memorial Hospital will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides your medical, dental, and vision benefits or as mandated by law. A copy of the Notice of Privacy Practices is available upon request in the Human Resources Department.

Notice of Special Enrollment Rights for Medical/Health Plan Coverage

If you decline enrollment in a McCurtain Memorial Hospital medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a McCurtain Memorial Hospital medical plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request medical plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment with 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30day timeframe, coverage will be effective the date of birth, adoption or placement of adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in a McCurtain Memorial Hospital medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your coverage or change to another medical plan.

New Health Insurance Marketplace Coverage Options

Part A: General Information

Healthcare reform created a new way to buy private individual 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 we offer to you. Please note that this notice is informational only.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find private individual 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 November 1, 2020 for coverage starting January 1, 2021.

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 the Employment-Based Health Coverage We Offer to You Affect Your Eligibility for Premium Savings through the Marketplace?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and you may wish to enroll in our health plan, if you are eligible. (Just because you received this Marketplace notices does not mean you are eligible.) However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if we do not offer coverage to you at all or do not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than 9.78% of your household income for the year, or if our health plan does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose your contribution (if any) to your coverage under our health plan. Also, our contribution—as well as your employee contribution—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 About the Health Insurance Marketplace?

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.

New Health Insurance Marketplace Coverage Options

Part B: Information About Your Employer-Provided Health Plan Coverage

If you decide to complete an application for coverage in the Marketplace, you will be asked for information about our health plan coverage. The information below can help you complete your application for coverage in the Marketplace.

1. General Employer Information.

Employer name:	McCurtain Memorial Hospital
Employer Identification Number (EIN):	73-6617937
Employer street address:	1301 E. Lincoln Road
Employer phone number:	580-286-7623
Employer city:	Idabel
Employer state:	OK
Employer ZIP code:	74745
Who to contact about employee health coverage at this job:	Human Resources
Phone number (if different from above):	580-208-3290

2. **Eligibility.** You may be asked whether or not you are currently eligible for our health plan coverage or whether you will become eligible for coverage within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

If you would like information about the eligibility requirements for our health plan, please read the eligibility provides described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting **Human Resources** at **580-208-3290**.

3. **Minimum Value.** If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.

4. **Premium Cost.** If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for the tobacco cessation program.

If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact **Human Resources** at **580-208-3290**.

5. **Future Changes.** You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, you will be provided with information about any changes to our health plan coverage before the next open enrollment period. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

Important Notice from McCurtain Memorial Hospital 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 McCurtain Memorial Hospital 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. 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. McCurtain Memorial Hospital has determined that the prescription drug coverage offered by Blue Cross Blue Shield **MOBAP0030** \$2500 deductible plan is, on average for all plan participants is expected to pay out as much 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.
If you are covered under the **MOBAP1020** \$5,000 deductible HDHP, it is NOT expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore NOT CONSIDERED CREDITABLE COVERAGE. If you have this plan when you are eligible for Medicare, you will have to pay a higher premium (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.

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 McCurtain Memorial Hospital 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 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.

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 Blue Cross Blue Shield coverage will not be affected. You can have both plans and coverage will coordinate with your Part D coverage.

If you decide to join a Medicare drug plan and drop your current McCurtain Memorial Hospital coverage, be aware that you and your dependents will not be able to get this coverage back until open enrollment or if you have a qualifying event that opens up a Special Enrollment.

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 McCurtain Memorial Hospital 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 more 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).

Date: 05/01/2023
Name of Entity/Sender: McCurtain Memorial Hospital
Contact—Position/Office: Human Resources
Address: 1301 E. Lincoln Road, Idabel, OK 74745
Phone Number: (580) 208-3290

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

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 on the following page, 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-KIDSNOW** 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 states listed on the following page, 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. 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

MA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
ALASKA - Medicaid	MINNESOTA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: 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
ARKANSAS - Medicaid	MISSOURI – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
CALIFORNIA - Medicaid	MONTANA – Medicaid
Website: https://www.dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	NEBRASKA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plans-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
FLORIDA – Medicaid	NEVADA – Medicaid
Website: http://flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268	Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900
GEORGIA – Medicaid	NEW HAMPSHIRE - Medicaid
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.goergia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll Free number for the HIPP program: 1-800-852-3345, ext 5218
INDIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
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: http://www.in.gov/medicaid/ Phone: 1-800-457-4584	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710
IOWA – Medicaid and CHIP (Hawki)	NEW YORK - 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.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
KANSAS – Medicaid	NORTH CAROLINA - Medicaid
Website: http://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
KENTUCKY – Medicaid	NORTH DAKOTA – 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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
LOUISIANA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MAINE – Medicaid	OREGON – Medicaid
Website: http://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 71	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924

SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com Phone: 1-800-440-0493	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/badgercareplus/p10095.htm Phone: 1-800-362-3002
VERMONT - Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269

This brochure summarizes the health care and income protection benefits that are available to all eligible McCurtain Memorial Hospital employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits.

These documents are available upon request through the Human Resources Department.

Information provided in this brochure is not a guarantee of benefits.