



# 2023 OPEN ENROLLMENT

County of Chautauqua



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# A Message from HR at Chautauqua County

At Chautauqua County we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution of each employee makes our accomplishments. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also access overviews of our benefit plans from our library at:  
<https://chggov.com/human-resources/employee-benefit-information>

Open Enrollment is your opportunity to review and make changes to your medical, dental, and vision plans as well as Flexible Spending Accounts and Health Savings Accounts. During Open Enrollment you may add, delete, or change plans, as well as add or remove dependents from your coverage.

Log into the [Chautauqua County HR Portal](#) at work or from home, click on 'Benefit Enrollment' then follow the instructions to make all your benefits elections.



**Chautauqua County HR Portal**

Sincerely,

Eric Bens, SPHR  
Insurance Administrator  
Chautauqua County Department of Human Resources

[ConfidentialHR@chggov.com](mailto:ConfidentialHR@chggov.com)

# Eligibility

## **Eligible Employees:**

You may enroll in the County of Chautauqua Employee Benefits Program if you are a full-time employee or a part-time employee working fifty percent (50%) or more of the regular work week for that department and whose name appears regularly on the payroll.

## **Eligible Dependents:**

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

## **When Coverage Begins:**

Newly hired employees and dependents will be effective in County of Chautauqua's benefits programs 30 days after date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

## **Family Status Change:**

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

# Medical Insurance

County of Chautauqua is pleased to provide a Medical High Deductible Health Plan (HDHP) through Univera Healthcare at no cost to you. Highlights of the medical plan are listed below.

A High Deductible Health Plan (HDHP) is a health plan product that combines a Health Savings Account (HSA), traditional medical coverage and a tax-advantaged way to help save for future medical expenses.

Benefit Coverage	Univera Healthcare High Deductible Health Plan #00037368	
	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual	\$2,600	\$2,600
Family	\$5,200	\$5,200
Coinsurance	100%	100%
<b>Maximum Out-of-Pocket*</b>		
Individual	\$5,500	\$5,500
Family	\$11,000	\$11,000
<b>Physician Office Visit</b>		
Primary Care	100% after deductible	100% after deductible
Specialty Care	100% after deductible	100% after deductible
<b>Preventive Care</b>		
Adult Periodic Exams & Well-Child Care	100%	100% after deductible
<b>Diagnostic Services</b>		
X-ray and Lab Tests	100% after deductible	100% after deductible
Urgent Care Facility	100% after deductible	100% after deductible
Emergency Room Facility Charges*	100% after deductible	100% after deductible
Inpatient Facility Charges	100% after deductible	100% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	100% after deductible
<b>Mental Health</b>		
Inpatient	100% after deductible	100% after deductible
Outpatient	100% after deductible	100% after deductible
<b>Substance Abuse</b>		
Inpatient	100% after deductible	100% after deductible
Outpatient	100% after deductible	100% after deductible
<b>Pharmacy</b>		
<b>Retail Pharmacy (30 Day Supply)</b>		
Generic (Tier 1)	\$5 copay	Not covered
Preferred (Tier 2)	\$35 copay	Not covered
Non-Preferred (Tier 3)	\$55 copay	Not covered

# Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

## What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don’t pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

## Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse’s PPO plan
- You are not enrolled in Medicare
- You are not in the TRICARE or TRICARE for Life military benefits program
- You have not received Veterans Administration (VA) benefits within the past three months
- You are not claimed as a dependent on another person’s tax return
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse’s FSA. (Enrollment in a limited purpose health care FSA is allowed)

## 2023 HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2023 TAX YEAR:

- \$3,850 Individual
- \$7,750 Family
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

## The employer’s HSA funding for 2023:

County	Annual
Single	\$1,513.60
Family 2	\$3,045.20
Family 3+	\$2,102.00

# Dental Insurance

County of Chautauqua offers a Dental plan through Guardian for all employees. With the Dental plan you have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider

	Guardian Dental #536666	
Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual	\$50	\$50
Family	Max of 3 (\$150)	Max of 3 (\$150)
Waived for Preventive Care?	Yes	Yes
<b>Annual Maximum</b>		
Per Person/Family per calendar year	\$1,500	\$1,500
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
<b>Orthodontia</b>		
Benefit Percentage	50%	50%
Dependent Children	To age 26	To age 26
Lifetime Maximum	\$1,000	\$1,000
Claim payment basis	Fee Schedule	UCR 85%

# Vision Insurance

County of Chautauqua offers a vision plan through Guardian. Please see chart below for a high-level overview of the benefits.

	Guardian Vision #536666
Benefit Coverage (In-Network)	<i>(Frequency – Every 24 Months)</i>
<b>Copay</b>	
Routine Exams	\$0 Copay
Materials	\$0 Copay
<b>Lenses</b>	
Single, Bifocal, Trifocal	\$300 max. combined benefit for all services
<b>Frames</b>	
Retail Equivalent	\$300 max. combined benefit for all services
<b>Contact Lenses</b>	
Necessary / Prescribed	\$300 max. combined benefit for all services
Elective	\$300 max. combined benefit for all services

# Flexible Spending Accounts (FSA)

You can set aside tax-free dollars each year to cover eligible out-of-pocket health care and daycare expenses. The plan is comprised of a health care spending account and a dependent care account. Each account is separate; you cannot use health care funds to pay for dependent care expenses or vice versa. You can elect to participate in one or more accounts, or you can waive coverage.

	Medical FSA	Dependent Care FSA
<b>What is it?</b>	A pre-tax reimbursement account used to pay for eligible out of pocket medical, dental, and vision expenses	A pre-tax reimbursement account used to pay for eligible out of pocket day care expenses
<b>Am I eligible?</b>	Yes, if you are not actively contributing to an HSA	Yes, if you are an active employee
<b>Who funds it and how much can be funded?</b>	Employee Funded. Limits are regulated by the IRS. <b>\$3,050 per year.</b>	Employee Funded. Limits are regulated by the IRS. <b>\$5,000 per year.</b>
<b>What can I use it for?</b>	Any additional medical and Rx costs, dental and vision expenses	Day care expenses for children up to age 13 or a disabled spouse or dependent of any age
<b>Do unused funds rollover to next plan year?</b>	No	No

## Examples of Eligible Health Care Expenses:

- Deductibles, copayments, coinsurance
- Prescription drugs and medicines
- Over-the-counter medications that are medically necessary (Dr. prescription required)
- Hearing aids, batteries and exams
- Prosthetic, orthopedic, and orthotic devices
- Acupuncture, chiropractic, and physical therapy visits
- Vision care (exams, glasses, contacts, Lasik surgery)
- Dental care (including orthodontia)

## Examples of Ineligible Health Care Expenses:

- Over-the-counter medications not medically necessary
- Massage therapy
- Health club dues
- Weight loss programs
- Insurance premiums

### Over-the-Counter (OTC) Medication Reminder



You may not use your Health Care FSA to pay for OTC medications at a pharmacy, supermarket or other retail store without a prescription. Insulin, prescription medicines and some OTC supplies – such as bandages, crutches, blood sugar test kits and contact lens solution – will continue to be eligible for



# Flexible Spending Accounts (FSA)

## Substantiation and Submission of Claims

If you incur ineligible Health Care expenses which cannot be auto-substantiated and/or are declined via debit card, you will be required to submit claims forms and/or supporting documentation to Health Economics Group for processing.

## Dependent Care Spending Account

A Dependent Care Account can be used to pay for certain child/day care, or elder care expenses incurred during the plan year. Your dependent care expenses must be necessary in order for you and your spouse to work or actively look for work or attend school as a full-time student.

### Eligible Dependent Care Expenses

- Child care for a dependent age 13 or less, provided at a day care center or through a private provider
- Child care for a dependent over age 13 if he/she is physically or mentally incapable of caring for him or herself
- Nanny services in the home associated with the care of a dependent
- Day camps associated with the care of a dependent
- Pre-school tuition that is day care related (price of tuition alone is not eligible)
- After-hours care that results from working odd hours or overtime

### Ineligible Dependent Care Expenses

- Tuition cost for pre-school that is not associated with day care services, or for first grade and above
- Housekeeper/nanny services in the home that is not associated with care of a dependent
- Education related fees for classes or camps not associated with care of a dependent
- Entertainment related expenses
- Materials fee (i.e. books, clothing, food, etc.)
- After-hours care not associated with work

Dependent Care claims will be reimbursed only up to your account's current balance. If a dependent care expense exceeds the dependent care balance, you'll be reimbursed the additional amount as contributions are made to your account through your payroll deductions.

- ✓ When you choose how to contribute to an FSA, be sure to estimate your expenses carefully.
- ✓ In 2023 the maximum election into the Medical FSA is \$3,050 and \$5,000 for Dependent Care FSA.
- ✓ Use it or Lose it...Any remaining funds in your Medical FSA at the end of the plan year will be forfeited. All remaining funds for a Dependent Care FSA at the end of the plan year will be forfeited.
- ✓ You will have 90 days after the end of the plan year to submit reimbursement claims for services incurred during that plan year.

## Manage your FSA/HRA Plan online!

Health Economics Group offers an online services platform that makes it easier for you to manage your Flexible Spending Accounts (FSAs) and/or Health Reimbursement Arrangements (HRAs).

### These features make managing your benefits as easy as 1-2-3!

1. An easy-to-use **Consumer Portal** will allow secure, 24/7 access to your accounts to:



- Check your up-to-the-minute plan balances
- View all plan, claims and payment detail
- File claims and submit receipts online
- View upcoming reimbursements
- Order new or report lost/stolen debit cards
- Sign up for direct deposit and more!
- The Consumer portal link will be found at: <https://HEGConsumer.LH1ondemand.com/login>
- Your login information will be as follows:  
**Username:** First Name Initial + last name + last 4 digits of SSN. Example: jsample1234  
**Temporary Password:** Temp + last 5 digits of SSN  
Example: Temp12345
- If you have not logged into the Consumer Portal for a year or more, you may need to call and have your password reset.

2. A handy **Mobile Application** to:

- Access available account balances on your iPhone®, iPod Touch®, iPad®, or Android®-powered device
- Search the App Store for “Health Economics Group” to download the application
- Submit claims and receipts using your device’s camera
- Receive account balances and selected alerts via text message on any mobile device
- Use ‘Quick View’ to obtain key account info



3. The convenient **WEX Health Payment Card** to:

- Eliminate the need to pay with cash at the point of service and then submit claims for reimbursement
- Remember to “Save your Receipts” for possible substantiation requirements.



4. You may still send a claim form “offline” with your expense documentation attached to HEG:

- **Mail to:** Health Economics Group, 1387 Fairport Rd, Bldg. 1000, Suite A-1, Fairport, NY 14450
- **Fax to:** 585-241-9518

Questions? Contact Health Economics Group at (585) 241-9500 extension 504 or [flex@heginco.com](mailto:flex@heginco.com)

# Employee Assistance Program (EAP)



## CHAUTAUQUA COUNTY

eviCore EAP is a benefit provided to you by your employer to help you address stressful situations. Some personal issues can impair workplace performance and seriously impact overall health, well-being, and productivity.

### CORE SERVICES

- Face-to-face Short term solution-focused counseling for you and your dependents - up to 5 visits per issue
- 30 minutes telephonically or face-to-face with a lawyer
- 60 minutes telephonically or face-to-face with a financial educator
- Referrals for mental-health and substance-abuse counseling
- Telephonic Stress Management program
- Telephonic Pain Management program
- Child and eldercare resources

### CLIENT TESTIMONIALS

"EAP saved my life. I was severely depressed and the EAP counselor worked with me and my "life" was restored. EAP has also been an excellent resource when I needed to refer employees."  
- 2018 Referrent

"It is always a pleasure to work with the EAP staff. They are always very responsive to my inquiries"  
- 2018 Executive

"Great style! Did not just read the PowerPoint. Summarized and encouraged class participation."  
- 2018 Training participant

**WEBSITE:** [evicore.com/eap](http://evicore.com/eap)  
**LOGIN:** EAP

For more information, please call eviCore EAP at 716.712.2777

# Customer Service Information

Carrier	Type of Coverage	Plan Name / Group Number	Contact Information
Univera Healthcare	Medical	HDHP / 00037368	(800) 499-1275 <a href="http://www.univerahealthcare.com">www.univerahealthcare.com</a>
Guardian	Dental	Dental / 536666	(800) 482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Guardian	Vision	Vision / 536666	(800) 482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Guardian	Life and AD&D	Life and AD&D / 495746	(800) 482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Guardian	Voluntary Life	Voluntary Life / 495746	(800) 482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Health Economics Group, Inc.	Flexible Spending Account	FSA/DCA	(800) 666-6690 Ext 504 (585) 241-9500 Ext 504 <a href="mailto:flex@heginc.com">flex@heginc.com</a>
eviCore EAP	Employee Assistance Program	EAP	(716) 712-2777 <a href="http://www.evicore.com/eap">www.evicore.com/eap</a>



**Gerace Office Building  
3 N Erie St, Mayville, New York 14757**

**(716) 753-4237**

*This brochure summarizes the benefit plans that are available to Client Name eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.*

# REQUIRED NOTIFICATIONS

## Important Legal Notices Affecting Your Health Plan Coverage

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

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

### NEWBORNS ACT DISCLOSURE - FEDERAL

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

### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## CONTACT INFORMATION

### CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Eric Bens, Insurance Administrator

Department of Human Resources

3 North Erie Street

Mayville, NY 14757

716-753-4237

[ConfidentialHR@chqgov.com](mailto:ConfidentialHR@chqgov.com)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

## **Your Information. Your Rights. Our Responsibilities.**

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.



### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

### **Other Instructions for Notice**

- January 1, 2023
- Eric Bens / 716-753-4237 / ConfidentialHR@chqgov.com

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

## **Important Notice from County of Chautauqua 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 County of Chautauqua 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. County of Chautauqua has determined that the prescription drug coverage offered by the Univera Healthcare 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.

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

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

## **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 County of Chautauqua coverage will not be affected. The County of Chautauqua plan with Univera includes \$5/\$25/\$55 copays. Please refer to the Univera summary of benefits provided in your Univera benefits book for additional details. You may continue coverage under the County of Chautauqua plan once eligible for Medicare Part D and the Plan with coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current County of Chautauqua coverage, be aware that you and your dependents will be able to get this coverage back if you remain an active employee at the next open enrollment period.

## **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 County of Chautauqua 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 County of Chautauqua changes. You also may request a copy of this notice at any time.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

**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](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).

**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:	01/01/2023
Name of Entity/Sender:	County of Chautauqua
Contact--Position/Office:	Eric Bens, Insurance Administrator
Address:	3 N Erie St. Mayville, NY 14757
Phone Number:	(716) 753-4237

CMS Form 10182-CC

Updated April 1, 2011

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

## 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](http://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](http://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](http://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 July 31, 2022. Contact your State for more information on eligibility –**

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



<p align="center"><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: (617) 886-8102</p>
<p align="center"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>	<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>KANSAS – Medicaid</b></p>	<p align="center"><b>MONTANA – Medicaid</b></p>
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>
<p align="center"><b>KENTUCKY – Medicaid</b></p>	<p align="center"><b>NEBRASKA – Medicaid</b></p>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p>	<p align="center"><b>NEVADA – Medicaid</b></p>
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>MAINE – Medicaid</b></p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p>

<p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>SOUTH DAKOTA - Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>
<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>	<p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>
<b>NORTH DAKOTA – Medicaid</b>	<b>VERMONT– Medicaid</b>
<p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>	<p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>  Medicaid Phone: 1-800-432-5924  CHIP Phone: 1-800-432-5924</p>
<b>OREGON – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>	<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>
<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
<p>Website:  <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>

Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269
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To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)  
 Option 4, Ext. 61565

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**Error! Hyperlink reference not valid.** 1-877-267-2323, Menu

### 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

## PART A: General Information

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

### What is the Health Insurance Marketplace?

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

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

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

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

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

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

### How Can I Get More Information?

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

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

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

## PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name County of Chautauqua		4. Employer Identification Number (EIN) 16-6002556	
5. Employer address 3 N Erie Street		6. Employer phone number (716) 753-4237	
7. City Mayville	8. State NY	9. ZIP code 14757	
10. Who can we contact about employee health coverage at this job? Eric Bens			
11. Phone number (if different from above)		12. Email address ConfidentialHR@chqgov.com	

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

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

All employees. Eligible employees are:

Full-time employees who work at least 30 hours a week or 130 hours a month on average

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses, children, step-children, legally adopted children

We do not offer coverage.

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

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

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

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- An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)