

2027 EMPLOYEE BENEFITS GUIDE



YOUR 2027 M-NCPPC BENEFITS

YOUR 2027 M-NCPPC BENEFITS

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ENROLLING IN YOUR BENEFITS



ELIGIBILITY FOR HEALTHCARE BENEFITS

○ Eligible Employees:

Merit/Career FT/PT, Appointed, P/T Commissioners,
Merit Board and Contract/Seasonal (limited benefits)

○ Eligible dependents include your:

- Legal spouse
- Children up to age 26 (biological, stepchildren, adopted, if legal guardian prior to 18th birthday).
- Disabled children if disability occurred prior to age 26 must apply for continuance of coverage 30 days before disabled child reaches age 26.

Employees adding dependents must submit copies of marriage license for spouse, birth certificate/adoption/guardianship documents for children, and Social Security card for each dependent.

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ENROLLING IN YOUR BENEFITS



WHEN CAN EMPLOYEES ENROLL/ CHANGE ELECTIONS

- **As a New Hire/Rehire/Newly Eligible for Benefits**
 - 45 days following date of hire
- **During the Annual Open Enrollment period**
 - Usually in October with changes effective January 1st
- **When you experience a Qualifying Life Event such as:**
 - Marriage, birth/adoption, divorce, gaining other coverage or loss of coverage
 - Within 45 days following event

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ENROLLING IN YOUR BENEFITS

HOW TO ENROLL/ MAKE CHANGES

Employees can enroll using **Employee Self Service System (ESS)**.



Click here to go directly to the [ESS User Guide](#)



If unable to enroll via ESS use the [EMPLOYEE Benefits Enrollment/Change Form](#)

Retirees can use the **Retiree Benefit Enrollment/Change Form** to make changes to medical, dental, prescription and vision plan elections at any time throughout the year, but must remain in the Pre-Paid Legal Plan until December 31 before cancelling.



Click here for the [RETIREE Benefits/Enrollment Change Form](#)

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BENEFITS FOR EMPLOYEES AND RETIREES

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MEDICAL PLANS



MEDICAL PLANS FOR EMPLOYEES AND NON-MEDICARE ELIGIBLE RETIREES

- **Active Employees**, while still working, do not have to enroll in Medicare when eligible. Our medical plan remains primary for you and any eligible dependents.

	 KAISER PERMANENTE®			
	KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE	CIGNA IN NETWORK	CIGNA OPEN ACCESS PLUS (OAP)	
	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None	None	None	\$300 individual \$750 family
Annual Out-of-Pocket Limit	\$1,100 individual \$3,600 family <i>Includes copays</i>	\$1,100 individual \$3,600 family <i>Includes copays</i>	\$750 individual \$2,000 family <i>Includes copays; does not include deductible</i>	
Office Visits	\$10	\$10	\$15	Covered 80% after deductible
Primary Care Specialist	\$10	\$10	\$20	Covered 80% after deductible
Emergency Room	\$50 copay, waived if admitted	\$50 copay, waived if admitted	\$75 copay, waived if admitted	

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MEDICAL PLANS

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	 KAISER PERMANENTE®	 cigna healthcare	 cigna healthcare	
	KAISER PERMANENTE HMO WITH PRESCRIPTION DRUG COVERAGE	CIGNA IN NETWORK	CIGNA OPEN ACCESS PLUS (OAP)	
	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Urgent Care Center	\$15	\$10	\$30	Covered 80% after deductible
Inpatient Surgery	\$0 copay	\$0 copay	\$0 copay	\$150 copay, then covered 80%
Outpatient Surgery	\$25 copay	\$25 copay at facility	\$50 copay at facility	Covered 80% after deductible
Hearing Aids	1 hearing aid every 6 months covered up to \$1,000	2 Hearing Aids every 36 months StartHearing or call 1-88-304-8539 Pays: 100% In-Network/80% Out-of-Network		

Use your mobile device to download your medical plan’s app in the Apple App Store or Google Play to access your digital id-never leave home without it, view claims, schedule virtual and routine care, and more.

Cigna Limited Vision Benefit: Employees enrolled in a Cigna medical plan receive a vision exam only benefit, one covered eye exam every 12 months. This plan does not cover eyeglasses or contact lenses. For details, call 888-806-5094. Employees enrolled in a Cigna medical plan may also enroll in our comprehensive EyeMed vision plan for additional vision coverage beyond the eye exam included with Cigna. (Limited exam-only vision coverage bundled with a medical plan, such as Cigna Limited Vision, does not count toward the 36-month retiree vision eligibility requirement).

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MEDICAL PLANS FOR MEDICARE ELIGIBLE RETIREES

- Requires enrollment in Medicare Part A and Part B



	KAISER PERMANENTE MEDICARE ADVANTAGE WITH PRESCRIPTION DRUG	CIGNA IN-NETWORK FOR MEDICARE ELIGIBLE IN-NETWORK ONLY SERVICES UNLESS AN EMERGENCY	CIGNA MEDICARE COMPLEMENT (You can obtain services from any provider that accepts Medicare)
	IN-NETWORK	IN-NETWORK ONLY	N/A
Deductible	None	None (Copayments apply until Medicare Part A and Part B Deductibles have been paid)	None; the plan pays Part A and Part B deductibles
Annual Out-of-Pocket Limit	\$3,400 <i>Includes copay and coinsurance</i>	\$1,100 individual \$3,600 family <i>Does not include copays</i>	N/A
Office Visits	\$10 copay	\$10 copay	Remaining 20% of Medicare approved amount
Emergency Room	\$50 copay, waived if admitted	\$50 copay, waived if admitted	Remaining 20% of Medicare approved amount
Urgent Care Center	\$10 copay	\$15 copay	Remaining 20% of Medicare approved amount
Surgery: Inpatient	\$0 copay	\$0 copay	Covered in full by Medicare
Surgery: Outpatient	\$0 copay	\$0 copay office/\$25 at facility	Covered in full by Medicare
Hearing Aids	1 hearing aid up to \$1,000 per ear every 36 months	2 Hearing Aids every 36 months StartHearing or call 1-88-304-8539 Pays: 100% In-Network/80% Out-of-Network	

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PRESCRIPTION DRUG PLANS

FOR EMPLOYEES AND NONMEDICARE ELIGIBLE RETIREES



	CVS CAREMARK PRESCRIPTION PLAN		KAISER PERMANENTE PRESCRIPTION PLAN	
	Participating Retail Pharmacy (up to 34-day supply)	CVS Mail Order or CVS Pharmacy (up to 90-day supply)	Kaiser Facility/ Affiliated Pharmacy (up to 30-day supply)	Mail Order Network/ Affiliated Pharmacy (up to 90-day supply)
Generic Drugs	\$10 copay	\$20 copay	\$7/\$10 copay	\$14/\$20 copay
Preferred Brand Name Drugs	\$20 copay	\$40 copay	\$15/\$20 copay	\$30/\$40 copay
Non-Preferred Brand Name Drugs	\$40 copay	\$50 copay	\$30/\$35 copay	\$60/\$70 copay
Lifestyle Drugs	50% copay	50% copay	N/A	N/A

If you are an employee enrolled in Caremark and have been prescribed Specialty Medications, you may be eligible to enroll in [PrudentRx](#) and pay \$0 copay. Questions? Call 1-800-578-4403.

Locate your [Kaiser Affiliated Pharmacies](#). There may be an affiliated pharmacy in your neighborhood.

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PRESCRIPTION DRUG PLANS

FOR MEDICARE ELIGIBLE RETIREES /SURVIVORS

- Requires enrollment in Medicare Part A and Part B

SilverScript®



	SILVERSCRIPT PRESCRIPTION PLAN (Approved Medicare Part D Prescription Drug Plan Administered by CVS Caremark)		KAISER MEDICARE ADVANTAGE PRESCRIPTION PLAN		
	Network Pharmacy (up to 30-day supply)	Mail Order or Network Retail Pharmacy (up to 90-day supply)	Kaiser Facility Pharmacy (up to 60-day supply)	Affiliated Pharmacy (up to 60-day supply)	Mail Order Network Pharmacy (up to 90-day supply)
Generic Drugs	\$10 copay	\$20 copay	\$10 copay	\$15 copay	\$5 copay
Preferred Brand Drugs	\$20 copay	\$40 copay	\$10 copay	\$15 copay	\$5 copay
Non-Preferred Brand Drugs	\$40 copay	\$50 copay	\$10 copay	\$15 copay	\$5 copay

For retirees covered by SilverScript

The Medicare Part D annual out-of-pocket threshold will be \$2,400 in 2027, an increase from \$2,100 in 2026. Once a member reaches \$2,400 in out-of-pocket costs for covered Part D drugs, they will pay \$0 for covered Part D drugs for the remainder of the calendar year.



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DENTAL PLAN

- You have a choice between two (2) dental plans: DeltaCare USA HMO and Delta Dental PPO. Both plans cover preventive (exams, cleanings, and x-rays), basic (fillings, root canals, gum treatments, oral surgery) and major restorative (crowns, inlays) services.



	DELTACARE USA HMO	DELTA DENTAL PPO (Dual Network)*	
	In-Network	In-Network	Non-Delta Dental Provider
Annual Deductible	None	\$50/person / \$150/family	\$100/person / \$300/family
Annual Benefit Maximum	Unlimited	\$2,000/person each calendar year	\$2,000/person each calendar year
Orthodontia (Adults and Children)	Unlimited	\$2,000 Lifetime Maximum	\$2,000 Lifetime Maximum
Implants	Not covered	Covered	Covered

Dental is about more than just your teeth. Discover [Member Perks](#) that will make you smile.

*The Delta Dental PPO Dual Network gives you access to two dentist networks:

- PPO Network: Offers the lowest out-of-pocket costs.
- Premier Network: Provides access to a broader network of dentists, generally at a higher cost than PPO providers.

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VISION PLAN

- You have access to vision coverage through EyeMed. The vision plan helps pay for routine periodic eye exams, eyeglasses, contacts, Lasik eye surgery, and related supplies. Participants will have access to a large network of discounted vision care providers, including 24,000 independent and 10,000 retail locations.

FREQUENCY OF VISION CARE SERVICES			
VISION CARE SERVICES	LOW PLAN *	MODERATE PLAN *	HIGH PLAN *
	EYE EXAM EVERY CALENDAR YEAR -\$10 COPAY		
Frame	\$150 frame allowance every other calendar year	\$150 frame allowance every other calendar year	\$250 frame allowance every calendar year
Lenses	\$0 lens copay for vision correction every other calendar year	\$0 lens copay for vision correction every calendar year	\$0 lens copay for vision correction every calendar year
Contact Lenses	\$130 contact lens allowance in lieu of lenses every other calendar year	\$130 contact lens allowance in lieu of lenses every calendar year	\$200 contact lens allowance in lieu of lenses every calendar year

EyeMed Lets You Travel with Confidence

If you lose or break your glasses while traveling abroad, no worries. With EyeMed you can get a temporary pair of adjustable glasses delivered to you the next day. Call 1-513-765-2870.

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OTHER BENEFITS

Available to employees and retirees. Discover what they offer.



LEGAL RESOURCES

[Legal Resources](#) provides access to attorney representation for everyday legal matters, along with identity theft protection, for just \$8.50 per biweekly pay period. Retirees pay \$17.00 per month.

Enrollment in the Legal Resources Plan requires a commitment to remain enrolled for the entire calendar year.

CREDIT UNION

Through the [M-NCPPC Federal Credit Union](#) you can obtain loans, join a holiday savings club, get CDs, or take advantage of commercial and personal insurance products through TruStage.

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FLEXIBLE SPENDING ACCOUNTS (FSAS)

The Healthcare FSA and Dependent Care FSA, administered through VOYA, help you save taxes when you set aside money, on a pre-tax basis to pay for eligible healthcare and dependent care expenses not covered by your medical plan. When you reduce your taxes, you increase your spendable income.

- **Minimum Contribution for Flexible Spending Accounts:**
\$260/year
- **Maximum Contribution Limits for 2027:**
Healthcare FSA - \$3,400/year and Dependent Care FSA - Up to \$7,500/year if Single or married filing joint income tax returns (\$3,750 if married filing separately)
- **Deadlines:**
 - Use your Healthcare FSA and Dependent Care FSA funds: March 15, 2028. (Any funds remaining will be forfeited.)
 - Deadline to file claims for reimbursement: March 31, 2028.

Important: FSA elections do not roll over to the next calendar year. You must re-enroll each year, even if choosing the same amount.



For a list of eligible Healthcare FSA expenses, view

[🔗 IRS Publication 502.](#)



For a list of eligible Dependent Care FSA expenses view

[🔗 IRS Publication 503.](#)

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GROUP LIFE AND AD&D INSURANCE

- Coverage for Basic and Accidental Death & Dismemberment (AD&D) is automatic (unless you opt-out); you pay 20% of the cost. Supplemental and Spouse/Dependent coverage is also available, and you pay 100% of the cost. All plans are term insurance-there is no cash or surrender value.

Coverage	Amount
Basic Life	2 times annual base salary up to \$200,000
AD&D	2 times annual base salary up to \$200,000
Supplemental	1 - 8 times annual base salary up to \$750,000
Spouse/ Dependent	\$10,000/\$5,000, \$20,000/\$10,000, or \$30,000/\$15,000 *Spouse must submit Evidence of Insurability for \$30,000/\$15,000 **Coverage can continue for disabled dependents if proof of disability provided 30 days prior to reaching age 26.

If you apply outside of your initial eligibility period (45-days after hire/rehire or Qualifying Life Event), Evidence of Insurability will be required, subject to carrier approval.

FOP members receive FREE \$50,000 Supplemental AD&D coverage.

If both you and your spouse are employed by the Commission:

- You may not cover each other under the Dependent Life Insurance plan.
- Under the Dependent Life Insurance Plan, only one of you may cover the same child.

Keep Your Beneficiaries Up to Date

Use Employee Self Service (ESS) to review and update your life insurance beneficiaries. Make sure your beneficiary information reflects your current wishes.

Need help? Refer to the [Guide to Change Your Life Insurance Beneficiaries Via ESS](#).

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SICK LEAVE BANK

The [!\[\]\(9208b08aaac7a2e8dbe35c838e5046e3_img.jpg\) Sick Leave Bank](#) is a short-term, income-replacement disability plan designed to provide income-replacement, once you exhaust your accrued leave (except for 80 hours of annual leave) in the event of your own serious illness (including pregnancy), the illness of a family member-children up to age 26 or parental responsibilities (newborn, adoption, foster care).

EVERYDAY BENEFITS

[!\[\]\(04abccf04933d76a5e2e7252f1218f84_img.jpg\) Everyday Benefits](#) provides solutions including special rates and discounts for life insurance with Long-Term Care, home/auto insurance, pet insurance, purchasing program for computers, televisions, appliances and student loan assistance.

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YOUR COST FOR HEALTHCARE COVERAGE

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MCGEO/NON-REPRESENTED EMPLOYEES

SINGLE COVERAGE RATES - FOR EMPLOYEE ONLY COVERAGE

	2026 EE BI-WEEKLY COST	2027 EE BI-WEEKLY COST	BI-WEEKLY CHANGE (\$)
Caremark Prescription	\$25.87	\$30.12	+\$4.25
Kaiser Medicare Advantage Plan	\$46.85	\$50.13	+\$3.28
Kaiser Permanente Medicare Comp.	\$22.79	\$22.79	\$0.00
Cigna Open Access Plus Plan	\$94.94	\$94.94	\$0.00
Cigna Medicare Complement Plan	\$33.79	\$36.12	+\$2.33
Cigna In-Network Plan	\$67.89	\$67.89	\$0.00
Cigna In-Network Over 65	\$42.76	\$42.76	\$0.00
Delta Dental PPO	\$3.19	\$3.28	+\$0.10
DeltaCare HMO	\$1.72	\$1.77	+\$0.05
EyeMed Vision Plan - Low	\$0.35	\$0.35	\$0.00
EyeMed Vision Plan - Moderate	\$1.62	\$1.62	\$0.00
EyeMed Vision Plan - High	\$3.84	\$3.84	\$0.00



Rate Calculation:

Multiply the Single Coverage Rate by 2 for Two-Person coverage
or by 3 for Family coverage.

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FRATERNAL ORDER OF POLICE (FOP)

SINGLE COVERAGE RATES - FOR EMPLOYEE ONLY COVERAGE

	2026 EE BI-WEEKLY COST	2027 EE BI-WEEKLY COST	BI-WEEKLY CHANGE (\$)
Caremark Prescription	\$39.67	\$46.18	+\$6.51
Kaiser Medicare Advantage Plan	\$71.83	\$76.86	+\$5.03
Kaiser Permanente Medicare Comp.	\$34.94	\$34.94	\$0.00
Cigna PPO	\$109.18	\$109.18	\$0.00
Cigna Medicare Complement Plan	\$38.86	\$41.54	+\$2.68
Cigna EPO	\$78.08	\$78.08	\$0.00
Cigna EPO Medicare Eligible	\$49.17	\$49.17	\$0.00
Delta Dental PPO	\$3.67	\$3.78	+\$0.11
Delta Dental HMO	\$1.97	\$2.03	+\$0.06
EyeMed Vision Plan - Low	\$0.35	\$0.35	\$0.00
EyeMed Vision Plan - Moderate	\$1.62	\$1.62	\$0.00
EyeMed Vision Plan - High	\$3.84	\$3.84	\$0.00



Rate Calculation:

Multiply the Single Coverage Rate by 2 for Two-Person coverage
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CONTRACT/SEASONAL EMPLOYEES

SINGLE COVERAGE RATES - FOR EMPLOYEE ONLY COVERAGE

	2026 EE BI-WEEKLY COST	2027 EE BI-WEEKLY COST	BI-WEEKLY CHANGE (\$)
Caremark Prescription	\$60.37	\$70.27	+\$9.90
Kaiser Permanente HMO w/ Rx	\$109.31	\$116.96	+\$7.65
Cigna EPO	\$118.81	\$118.81	\$0.00



Rate Calculation:

Multiply the Single Coverage Rate by 2 for Two-Person coverage or by 3 for Family coverage.

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RETIREES

- If hired on or after 1/1/2013 (7/1/2014 for FOP), you must have at least 10 years of service. Your rates will be based on your Years of Service. Contact the Health & Benefits Office for your rate (benefits@mncppc.org or 301-454-1694).

SINGLE COVERAGE RATES - FOR NON-MEDICARE RETIREES (RETIREE ONLY COVERAGE)

	2026 MONTHLY COST	2027 MONTHLY COST	MONTHLY CHANGE (\$)
Caremark Prescription	\$74.74	\$87.00	+\$12.26
Kaiser Permanente HMO w/ Rx	\$135.33	\$144.81	+\$9.47
Cigna Open Access Plus (OAP)	\$205.70	\$205.70	\$0.00
Cigna In-Network	\$147.10	\$147.10	\$0.00
Delta Dental PPO	\$6.91	\$7.11	+\$0.21
Delta Dental HMO	\$3.72	\$3.83	+\$0.11
EyeMed Vision Plan - Low	\$0.75	\$0.75	\$0.00
EyeMed Vision Plan - Moderate	\$3.50	\$3.50	\$0.00
EyeMed Vision Plan - High	\$3.84	\$3.84	\$0.00



Rate Calculation:

Multiply the Single Coverage Rate by 2 for Two-Person coverage or by 3 for Family coverage.

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RATES FOR MEDICARE ELIGIBLE RETIREES

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	2026 MONTHLY	2027 MONTHLY	MONTHLY CHANGE (\$)
CIGNA MEDICARE COMPLEMENT PLAN			
1 Medicare Complement	\$73.21	\$78.27	+\$5.05
2 Medicare Complement	\$146.43	\$156.53	+\$10.10
Family 3 or More All Cigna Medicare Complement	\$219.64	\$234.80	\$15.16
1 Medicare Complement + 1 Open Access Plus (OAP)	\$278.91	\$283.96	+\$5.05
1 Cigna Medicare Complement + 2 or More Open Access Plus (OAP)	\$484.61	\$489.66	+\$5.05
2 Cigna Medicare Complement + 1 or More Open Access Plus (OAP)	\$352.13	\$362.23	\$10.10
CIGNA IN-NETWORK Over Age 65 -MEDICARE PLAN			
1 In-Network Over Age 65	\$92.64	\$92.64	\$0.00
2 In-Network Over Age 65	\$185.28	\$185.28	\$0.00
Family 3 or More/All In-Network Over Age 65	\$277.92	\$277.92	\$0.00
1 In-Network Over Age 65+ 1 In-Network	\$239.74	\$239.74	\$0.00
1 In-Network Over Age 65+ 2 or More In-Network	\$386.84	\$386.84	\$0.00
2 Cigna In-Network Over Age 65+ 1 or More Cigna In-Network	\$332.28	\$332.28	\$0.00
KAISER MEDICARE ADVANTAGE PLAN WITH PRESCRIPTION DRUG COVERAGE			
1 Medicare Advantage	\$65.83	\$65.83	
2 Medicare Advantage	\$131.66	\$131.66	+\$0.11
Family 3 or More/All Medicare Advantage	\$197.50	\$197.50	+\$0.06
1 Medicare Advantage + 1 HMO	\$201.17	\$210.64	+\$9.47
1 Medicare Advantage + 2 or More HMO	\$336.50	\$355.45	+\$18.95
2 Medicare Advantage + 1 or More HMO	\$267.00	\$276.47	\$9.47

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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

An Important Notice About Your Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health plans protect the confidentiality of your private health information. The Plan uses health information about you and your covered dependents only for the purposes of providing treatment, paying claims, and related functions. To protect the privacy of health information, access to your health information is limited to such purposes. In addition, effective April 14, 2003, the Plan complies with the applicable health information privacy requirements of federal regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's privacy notice. You may contact the Commission's Health & Benefits Office if you would like to receive a copy of the HIPAA notice.

HIPAA Special Enrollment

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 in the following circumstances:

- If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage);
- If you or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage. However, you must request enrollment within 60 days after the loss of such coverage; or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 60 days after you or your dependents become eligible for such assistance.

In addition, if you have a new dependent because 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 marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Health & Benefits Office at 301-454-1694

CONTINUED

IMPORTANT LEGAL NOTICES

COBRA - CONTINUING COVERAGE FOR HEALTH BENEFITS

Under certain circumstances, you and your enrolled dependents have the right to continue coverage under the medical and dental plans, as well as the health care flex account, beyond the time that coverage would have ordinarily ended. You may elect continuation of coverage for yourself and your dependents if you lose coverage under the plan due to one of the following qualifying events:

- Termination (for reasons other than gross conduct)
- Reduction in employment hours
- Retirement
- You become entitled to Medicare

In addition, continuation of coverage may be available to your eligible dependents if:

- You die
- You and your spouse divorce or separate
- A covered child ceases to be an eligible dependent
- You become entitled to Medicare

To apply for COBRA coverage, you or a dependent must contact the Health & Benefits Office at 301-454-1694 within 60 days of a qualifying life event. You and/or your dependents must pay the full cost of COBRA coverage, i.e., 100% of the monthly premium plus 2% for administrative costs.

Under the law, COBRA must be offered to eligible individuals at group rates. These rates are subject to change annually, based on plan experience.

CONTINUED

IMPORTANT LEGAL NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

This law requires group health plans that provide coverage for medically necessary mastectomies to also provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- Prostheses and the treatment of physical complications during all stages of the mastectomy.

Commission's plans cover mastectomies and the benefits required by this act. If you would like more information on WHCRA benefits, call the Health & Benefits Office on 301-454-1694.

NEWBORNS AND MOTHERS HEALTH PROTECTION

Act Group health plans and health insurance issuers offering group insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth, for the mother of newborn child, to less than 48 hours following a normal 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 the above periods.

CONTINUED

IMPORTANT LEGAL NOTICES

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any

of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, or call 877-KIDSNOW (877.543.7669); or visit 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. For more information, contact the Health & Benefits Office on 301-454-1694.

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1 Enrolling in
Your Benefits

2 Benefits for
Employees and
Retirees

3 Benefits
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4 Your Cost for
Healthcare
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 **6** Contacts
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CONTACTS FOR MORE INFORMATION

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CONTACTS FOR MORE INFORMATION

- If you have questions about the benefits described in this guide, you can contact the Health & Benefits Office at benefits@mncppc.org or 301-454-1694. You may also contact the benefit providers listed below.

Benefits Provider	Phone Number	Website
Cigna (All Plans)	Cigna One Guide - 888.806.5094 (Speak to a LIVE Cigna Representative 24/7/365)	www.mycigna.com
Kaiser Permanente HMO with Prescription Drug Coverage	1-800-777-7902 (24 hours a day/7 days a week)	www.kp.org/mncppc
CVS Caremark	1-800-421-5501, 1-800-231-4403 (TTD)	www.caremark.com
SilverScript (Medicare Eligible)	1-800-270-3759, 771 (TTD)	
DeltaCare USA HMO and Delta Dental PPO	1-800-422-4234 DeltaCare HMO 1-800-932-0783 (Delta Dental PPO) (Monday-Friday, 8:00 a.m. to 9:00 p.m.)	www.deltadentalins.com
EyeMed Vision	1-866-800-5457 (Monday-Friday, 7:30 a.m. to 11:00 p.m.; Saturday-Sunday, 11:00 a.m. to 8:00 p.m.)	www.eyemed.com
Voya	1-888-401-FLEX (Monday-Thursday, 8:00 a.m. to 6:00 p.m.; Friday 8:00 a.m. to 5:00 p.m.)	www.voya.com
Securian Financial- Life Insurance	1-866-293-6047 (Monday-Friday, 6:00 a.m. to 5:00 p.m.)	www.LifeBenefits.com
Legal Resources	1-800-728-5768 (Monday-Friday, 8:30 a.m. to 5:30 p.m.)	www.legalresources.com

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The information in this guide is a summary of the benefit plans offered to employees and retirees and their dependents. The Commission reserves the right to make changes to its benefits program for all employees, retirees, and beneficiaries. Benefits are subject to the actual plan terms in effect as of a given time. In the event of a conflict between the terms of any benefit plan and this summary, the terms of the benefit plan documents will control.