Since the District’s mission is to foster healthy living for our patrons, it makes sense to start with our employees! Your overall well-being is important to South Suburban Parks & Recreation. That's why we provide wellness and recreation opportunities to you to support your total well-being now, and in the future. Your wellness and recreation benefits provide an opportunity for you to take an active role in your health. We hope you will take advantage of these benefits! The following guide provides information on the benefits available to you as a part-time employee so you can take charge of your physical, mental and financial health. Take time to review this booklet and contact Human Resources if you have questions.

IN THIS GUIDE...

Recreation & Facility Discounts .......................... 2
B-Fit Wellness Program ................................. 3
Sick Leave .................................................. 5
Benefit Plan Information ................................. 6
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No Surprises Plan Information .......................... 8

If you have any questions please contact HR at: ssprdhr@sspr.org
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restaurant Meal Discount</strong>*</td>
<td>• 50% off at South Suburban restaurants (includes entree items only, does not include pre-packaged foods, alcohol, specials or turn menu. Not valid for events)</td>
</tr>
<tr>
<td>(Part-time occasional employees must pay full rates)</td>
<td></td>
</tr>
<tr>
<td><strong>Recreation Centers &amp; Swimming Pools</strong></td>
<td>• Free daily admission</td>
</tr>
<tr>
<td><strong>Batting Cages</strong></td>
<td>• One token for $0.25 or $15/hr. cage rental</td>
</tr>
</tbody>
</table>
| **Golf***                                   | • **Littleton:** Nine holes for $8.00; 18 holes for $16.00 (includes range balls)  
• **Lone Tree:** Nine holes for $10.00; 18 holes for $20.00 (includes range balls)  
• **South Suburban:** Nine holes for $8.00; 18 holes for $16.00 (includes range balls)  
• **Family Sports:** Nine holes for $5.00 (includes range balls)  
• **Cart Rental is an additional $6.00 for 9 holes, $12 for 18 holes**  
• Part-Time Employees may reserve tee times 3 days in advance at noon. Employee rate only valid when reserved under employee ID, otherwise full rate will be charged. Part-time occasional employees must pay full rates. |
| (Part-time occasional employees must pay full rates) |                                                                                                                                               |
| **Miniature Golf**                           | • Colorado Journey and Family Sports (miniature golf): $1.00 daily unlimited                                                                 |
| **Indoor/Outdoor Tennis and Outdoor Pickleball** | • District Rate  
• Courts may only be reserved for same-day play if space is available. No block time usage. Courts may not be used for instructional purposes. |
| **Family Sports Center**                     | • Free Entertainment Center Fun Pass                                                                                                                                                           |
| **Athletic & Sports Dome**                   | • **Youth Leagues:** District Resident Rate                                                                                                                                                     |
| **Pro Shop Merchandise**                     | • Employees pay wholesale cost plus 10%                                                                                                                                                         |
| **Lone Tree Hotel***                         | • $69 per night for employee & immediate family; maximum seven nights per year; space available basis  
(Part-time occasional employees must pay full rates) |
| **Personal Training and Private Pilates Reformer Packages** | • 10% discount                                                                                                                                                                               |
| **Recognition of Thirty Year Employees Policy** | • Employees who have been employed part-time with the District for 30 years are issued lifetime recreation passes, allowing for the employee to access the recreation centers for free. The lifetime pass is good for the employee only. The employee must be in good standing at the time of their 30th anniversary of employment in order for the employee to receive the lifetime pass. The lifetime pass may be revoked by the Executive Director at any time. |

**Family members are not eligible for these part-time benefits.**

**Benefits may be revoked by the Executive Director at any time.**

**Part-time employees pay the district rate for anything else not specifically listed as a benefit above.**
Employee B-Fit Wellness Incentive Program

South Suburban’s mission depends on the health and well-being of you!
The Employee Wellness Committee administers the B-Fit Wellness Incentive Program which promotes activities for employees in 5 dimensions of a well-rounded, healthy lifestyle.

How Do I Participate?
Track your activities on your B-Fit Log (visit SubHub to download a B-Fit log or ask your supervisor how to access one). Send your completed B-Fit log to ssprdhr@ssprd.org by mid-October. Incentives will be awarded the following year.

Choose Your Wellness Incentive:

GIFT VALUED UP TO $25
Complete:
52 Activities in 3 of the 5 Wellness Dimensions
1 Monthly Challenge
2 Wellness Series Trainings, or any training that fits into a Wellness Dimension

GIFT VALUED UP TO $50
Complete:
52 Activities in 3 of the 5 Wellness Dimensions
1 Monthly Challenge
2 Wellness Series Trainings, or any training that fits into a Wellness Dimension
1 Wellness Exam (medical, dental, or vision)

$360* OFF ANNUAL MEDICAL PREMIUMS
Complete:
52 Activities in 3 of the 5 Wellness Dimensions
1 Monthly Challenge
2 Wellness Series Trainings, or any training that fits into a Wellness Dimension
2 Wellness Exams (medical, dental, or vision)
*For employees enrolled in the District’s medical plan

5 Dimensions of a Well-Rounded, Healthy Lifestyle

Emotional
Manage feelings, enabling you to be more productive and make more meaningful contributions to your community.

Social
Connecting with others at work, at home and in the community.

Financial
Providing a sense of security and relief from financial stress.

Environmental
Awareness of the relationship between your individual health and your home, work and community.

Physical
Help increase your energy and improve your ability to accomplish daily tasks.
Do only SSPRD activities count towards the incentive requirements or can I participate in activities on my own?
Both count! You can log your personal workouts, any training classes, etc. As long as you’re participating in an activity that fits into 1 of the 5 wellness dimensions, track it on your B-Fit log!

How do I participate in the Wellness Committee’s challenges?
The Wellness Committee will email all staff about challenge details or you can also ask your manager. You can also navigate to SubHub while on the District’s internal network to find an annual list of the Wellness Committee’s challenge offerings.

What is a Wellness Series Training?
A Wellness Series Training is an in-person or online course that is offered to employees by the Wellness Committee that covers a variety of important health-related topics. Wellness Series Trainings are offered throughout the year and you can find a list of scheduled Wellness Series Trainings on SubHub.

What is a B-Fit Log and where can I get one?
A B-Fit Log is a spreadsheet to help you track all of the activity requirements needed for you to work towards earning one of the B-Fit Wellness incentives. B-Fit Logs can be found by navigating to SubHub or you can ask your supervisor how to access one.

When will I receive my B-Fit Wellness incentive?
Log your activities on your B-Fit Log and send it to ssprdhr@ssprd.org by the due date listed on the log of the current calendar year. Incentives will be awarded after January 1 of the following calendar year.

I have questions about the Wellness Program, who can I contact?
You can navigate to SubHub to find out more about the Employee Wellness Incentive Program or you can email ssprdhr@ssprd.org
Sick Leave

SICK LEAVE (PART-TIME EMPLOYEES)

All part-time employees accumulate sick time at the rate of 1 hour per 30 hours worked, up to 48 hours in a year. Employees begin accruing sick time upon hire. An employee will not receive extra pay or extra time off for unused sick time. Paid sick time will not be used in the calculation of overtime. In addition, unused sick time is not paid upon leaving employment.

Unused sick hours will be carried over from year to year up to 48 hours so they can be accumulated and used when needed. Employees will not accrue additional sick time until the balance falls below 48 hours.

Use of Sick Time

Paid sick leave may be used if:
(1) an employee has a mental or physical illness, injury, or health condition that prevents them from working;
(2) an employee needs to get preventive medical care, or to get a medical diagnosis, care, or treatment, of any mental or physical illness, injury, or health condition;
(3) an employee needs to care for a family member who has a mental or physical illness, injury, or health condition, or who needs the sort of care listed in category (2);
(4) the employee or the employee's family member has been a victim of domestic abuse, sexual assault, or harassment, and the use of leave is to seek related medical attention, mental health care or other counseling, victim services (including legal services), or relocation;
(5) due to a public health emergency, a public official has ordered the closure of either (A) the employee's place of business, or (B) the school or place of care of the employee's child, and the employee needs to be absent from work to care for the child;
(6) an employee needs to care for a family member whose school or place of care has been closed due to inclement weather, loss of power, loss of heating, loss of water, or other unexpected occurrence or event that results in the closure of the family member's school or place of care;
(7) an employee needs to grieve, attend funeral services or a memorial, or deal with financial and legal matters that arise after the death of a family member; or
(8) an employee needs to evacuate the employee's place of residence due to inclement weather, loss of power, loss of heating, loss of water, or other unexpected occurrence or event that results in the need to evacuate the employee's residence.

Paid sick leave must be used in one hour increments.

Upon separation from the District, a part-time employee will not be paid for any accumulated but unused sick time.
Medical benefits are offered to Board approved part-time eligible employees (PTME) who are authorized to work 29-35 hours/week.

Eligible employees may choose from two medical plans through Cigna. Both plans are Preferred Provider Organization (PPO) plans, which allow you to visit any provider (doctor or hospital). Keep in mind that you receive the greatest benefits when you visit providers within the Cigna network. Your PPO plans are highlighted in the table below. Please refer to your Cigna materials for more detailed information. The table below shows what you are responsible for paying under the Cigna plans. Participants will NOT receive a physical ID card. Please use MyCigna to access your Digital ID card.

### Premium Cost

<table>
<thead>
<tr>
<th></th>
<th>HIGH PLAN (Open Access Plus)</th>
<th>LOW PLAN (Open Access Plus)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Deductible (ded.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(per calendar year)</td>
<td>Individual: $400</td>
<td>Individual: $800</td>
</tr>
<tr>
<td></td>
<td>Family: $800</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Individual: $3,000</td>
<td>Individual: $6,000</td>
</tr>
<tr>
<td>(includes deductible, copays &amp; prescription drug costs)</td>
<td>Family: $6,000</td>
<td>Family: $12,000</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>No charge</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>Primary Care Physician (PCP): $20 copay; Specialist: $40 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Office Surgery</strong></td>
<td>PCP: $20 copay; Specialist: $40 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$40 copay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Lab &amp; X-Ray</strong></td>
<td>No charge</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>(at a doctor's office)</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>MRI, PET, CT-Scan, &amp; Other High-Tech Medicine</strong></td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Hospital</strong></td>
<td>20% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>20% after Rx deductible of: Individual: $50; Family: $100</td>
<td>50% after Rx deductible of: Individual: $50; Family: $100</td>
</tr>
</tbody>
</table>

*Out-of-network benefits are based on the “Usual and Customary” (U&C) rates established within the doctor's or hospital's geographic region.

**PREMIUM COST PER PAYCHECK:**

<table>
<thead>
<tr>
<th></th>
<th>HIGH PLAN (Open Access Plus Plan)</th>
<th>LOW PLAN (Open Access Plus Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Pay:</td>
<td>District Pays:</td>
</tr>
<tr>
<td><strong>Employee-Only</strong></td>
<td>$50.50</td>
<td>$310.50</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$234.00</td>
<td>$509.00</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$222.00</td>
<td>$483.00</td>
</tr>
<tr>
<td><strong>Employee + Family</strong></td>
<td>$359.00</td>
<td>$829.00</td>
</tr>
</tbody>
</table>

### Cigna Telehealth Connection through MDLIVE

Cigna Telehealth Connection lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone without leaving your home or office. Cigna Telehealth services are available 24/7/365 and the cost savings are clear. MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room.

Register today so you’ll be ready when and where you need it! Visit MDLIVEforCigna.com or download the app. By phone: MDLIVE 1-888-726-3171
### BENEFIT PLAN CONTACT INFORMATION

<table>
<thead>
<tr>
<th>FOR INFORMATION ON...</th>
<th>COMPANY...</th>
<th>CONTACT...</th>
<th>WEBSITE...</th>
</tr>
</thead>
</table>
| Medical Plans         | Cigna (Group #: 00605129) | Member Services: 1.866.494.2111  
Pharmacy: 1.800.285.4812 | www.mycigna.com |

### ADDITIONAL INFORMATION ONLINE
Visit SubHub at [www.ssprd.org/employees](http://www.ssprd.org/employees).

### QUESTIONS?
Contact HR at ssprdhr@ssprd.org
The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

View a sample notice and consent form (PDF). This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including Federal Employees Health Benefits (FEHB) plan.
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**Medicare Part D Notice**

**Important Notice from South Suburban Parks and Recreation 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 South Suburban Parks and Recreation 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. South Suburban Parks and Recreation has determined that the prescription drug coverage offered by Cigna High Plan: $400/$800, 80%; Low Plan: $1,000/$2,000, 70% 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.

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**When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your South Suburban Parks and Recreation coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under South Suburban Parks and Recreation is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your South Suburban Parks and Recreation prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.
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 South Suburban Parks and Recreation 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 South Suburban Parks and Recreation 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 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 800-MEDICARE (800-633-4227). TTY users should call 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 socialsecurity.gov, or call them at 800-772-1213 (TTY 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: September 19, 2023
Name of Entity/Sender: South Suburban Parks and Recreation
Contact-Position/Office: Lisa Narrell, HR Director
Address: 4810 E County Line Road, Littleton CO 80126
Phone Number: 303-798-5131
Women’s Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: High Plan: $400/$800, 80%; Low Plan: $1,000/$2,000, 70%. If you would like more information on WHCRA benefits, call your plan administrator 303.483.7004.

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 your plan administrator at 303.483.7004.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in South Suburban Parks and Recreation health 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 South Suburban Parks and Recreation health 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 31 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 health plan enrollment within 31 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 within days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for 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 South Suburban Parks and Recreation health 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 current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for South Suburban Parks and Recreation describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting 303.483.7004.

Notice Regarding Wellness Program

The wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which would include a blood test for glucose, HDL, LDL, triglycerides and total cholesterol. You are not required to complete an HRA or to participate in any blood tests or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive. Although you are not required to complete an HRA or participate in any biometric screenings, only employees who do so will receive an incentive.

The information from your HRA and/or the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and South Suburban Parks and Recreation may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only
individual that may receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Lisa Narrell at 303.483.7004.

**Notice of Availability of Alternative Standard for Wellness Plan**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 303.483.7004 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.
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, 2023. Contact your State for more information on eligibility—

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA – Medicaid</td>
<td>Website: <a href="http://myalhipp.com">http://myalhipp.com</a></td>
<td>1-855-692-5447</td>
</tr>
<tr>
<td>ALASKA – Medicaid</td>
<td>The AK Health Insurance Premium Payment Program</td>
<td>1-866-251-4861</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://myakhipp.com">http://myakhipp.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></td>
<td></td>
</tr>
<tr>
<td>ARKANSAS – Medicaid</td>
<td>Website: <a href="http://myarhipp.com">http://myarhipp.com</a></td>
<td>1-855-MyARHIPP (855-692-7447)</td>
</tr>
<tr>
<td>CALIFORNIA – Medicaid</td>
<td>Health Insurance Premium Payment (HIPP) Program website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a></td>
<td>Phone: 916-445-8322, Fax: 916-440-5676, Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></td>
</tr>
<tr>
<td>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</td>
<td>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a></td>
<td>Health First Colorado Member Contact Center: 1-800-221-3943, State Relay 711</td>
</tr>
<tr>
<td></td>
<td>HIBI Customer Service: 1-855-692-6442</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Medicaid Website</td>
<td>Phone</td>
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</tr>
<tr>
<td>GEORGIA – Medicaid</td>
<td><a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></td>
<td>678-564-1162</td>
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<tr>
<td>GEORGIA – Medicaid</td>
<td>![Image](<a href="https://medicaid.georgia.gov/hics/status/program-status/payment">https://medicaid.georgia.gov/hics/status/program-status/payment</a> disponível.png)</td>
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</tr>
<tr>
<td>INDIANA – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<tr>
<td>KANSAS – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<td>KENTUCKY – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<td>LOUISIANA – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<tr>
<td>MAINE – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<tr>
<td>MASSACHUSETTS – Medicaid and CHIP</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<td>MINNESOTA – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<td>MISSOURI – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<td>MONTANA – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<tr>
<td>NEBRASKA – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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<tr>
<td>NEVADA – Medicaid</td>
<td><img src="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp.png" alt="Image" /></td>
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</table>

**GA** Medicaid Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)


**NEVADA** Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov) | Medicaid Phone: 1-800-992-0900


**IOWA** Medicaid Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx) | Medicaid Phone: 1-800-338-8366 | HAWKI Website: [http://dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki) | HAWKI Phone: 1-800-257-8563 | HIPP Website: [https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp) | HIPP Phone: 1-888-346-9562

**KANSAS** Medicaid Website: [https://www.kancare.ks.gov](https://www.kancare.ks.gov) | Medicaid Phone: 1-800-967-4660

**KENTUCKY** Medicaid Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx) | Medicaid Phone: 1-855-459-6328 | Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)

**LOUISIANA** Medicaid Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp) | Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**MAINE** Medicaid Website: [https://www.maine.gov/dhhs/ofi/applications](https://www.maine.gov/dhhs/ofi/applications) | Phone: 1-800-657-3739 | Enrollment Website: [http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx) | Phone: 1-855-459-6328

**MASSACHUSETTS** Medicaid Website: [https://www.mass.gov/masshealth/](https://www.mass.gov/masshealth/) | Phone: 1-800-862-4840 | TTY: 711 | Email: [masspreamassistance@accenture.com](mailto:masspreamassistance@accenture.com)


**MISSOURI** Medicaid Website: [http://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm) | Phone: 573-751-2005

**MONTANA** Medicaid Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP) | Phone: 1-800-694-3084 | Email: [HHSHIPProgram@mt.gov](mailto:HHSHIPProgram@mt.gov)


**NEVADA** Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov) | Medicaid Phone: 1-800-992-0900
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Phone</th>
<th>Toll-free number for the HIPP program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW HAMPSHIRE – Medicaid</td>
<td><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></td>
<td>603-271-5218</td>
<td>1-800-852-3345, ext. 5218</td>
</tr>
<tr>
<td>NEW JERSEY – Medicaid and CHIP</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>609-631-2392</td>
<td></td>
</tr>
<tr>
<td>NEW YORK – Medicaid</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
<td>1-800-541-2831</td>
<td></td>
</tr>
<tr>
<td>NORTH CAROLINA – Medicaid</td>
<td><a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></td>
<td>919-855-4100</td>
<td></td>
</tr>
<tr>
<td>NORTH DAKOTA – Medicaid</td>
<td><a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a></td>
<td>1-844-854-4825</td>
<td></td>
</tr>
<tr>
<td>OKLAHOMA – Medicaid and CHIP</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-800-365-3742</td>
<td></td>
</tr>
<tr>
<td>OREGON – Medicaid</td>
<td><a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></td>
<td>1-800-699-9075</td>
<td></td>
</tr>
<tr>
<td>PENNSYLVANIA – Medicaid and CHIP</td>
<td><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></td>
<td>1-800-692-7462</td>
<td>1-800-986-KIDS (5437)</td>
</tr>
<tr>
<td>RHODE ISLAND – Medicaid and CHIP</td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>1-855-697-4347 or 401-462-0311 (Direct Rt Share Line)</td>
<td></td>
</tr>
<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td><a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
<td></td>
</tr>
<tr>
<td>SOUTH DAKOTA – Medicaid</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>1-888-828-0059</td>
<td></td>
</tr>
<tr>
<td>TEXAS – Medicaid</td>
<td><a href="https://www.healthinsurancehipp.com">Health Insurance Premium Payment (HIPP) Program</a></td>
<td>1-800-440-0493</td>
<td></td>
</tr>
<tr>
<td>VERMONT – Medicaid</td>
<td><a href="https://www.healthinsurancehipp.com">Health Insurance Premium Payment (HIPP) Program</a></td>
<td>1-800-250-8427</td>
<td></td>
</tr>
<tr>
<td>WASHINGTON – Medicaid</td>
<td><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
<td>1-800-562-3022</td>
<td></td>
</tr>
</tbody>
</table>
To see if any other states have added a premium assistance program since July 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

**ACA Disclaimer**

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.12% in 2023 of your modified adjusted household income.

**The ‘No Surprises’ Rules**

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.


This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.