

## Ashland County Employee's Health Plan through CEBCO Open Enrollment Notice

**October 26---November 16, 2018** is Open Enrollment for the Ashland County Employee's Health Plan through CEBCO (the "Plan"). Anyone who is eligible but has not enrolled himself/herself or his/her dependents may now enroll in the Plan, without completing the health questionnaire or going through the approval process. Individuals who are currently enrolled should also make an election now as to their enrollment for next year – if no election is made, enrollment automatically will carry over on the same basis as the current year, **but will be on a post-tax basis per IRS guidelines.** Change forms are due to the payroll office by 4:00 p.m. on Friday, November 9, 2018.

If you do not now enroll yourself or your eligible dependents, you must wait until next year's open enrollment date to enroll for the following year. Similarly, if you remain/become enrolled for next year, you must wait until next year's open enrollment date to make any changes in your elections for the following year. *However*, you may be able to make a mid-year change next year in your elections if you experience a qualifying family status change or other permitted change event occurs.

Life Insurance – Open enrollment does not include Life Insurance coverage. If you declined to enroll for Life Insurance coverage upon your original effective date, you will be considered a late applicant and may be required to complete a health questionnaire and go through the approval process. You may be declined for Life Insurance coverage.

The following provides certain information regarding the Plan – additional information is included in the Open Enrollment materials and should be reviewed carefully before you make your enrollment choices:

### **PATIENT PROTECTION AND AFFORDABLE CARE ACT (THE "AFFORDABLE CARE ACT")**

#### **Lifetime Limits**

The lifetime limit on the dollar value of benefits under the Plan will no longer apply effective January 1, 2011. Individuals who are employees or eligible dependents whose coverage ended by reason of reaching a lifetime limit under the Plan are eligible to re-enroll in the Plan.

#### **Dependent Children**

Adult children can remain in the Plan until the end of the month that they reach their 26<sup>th</sup> birthday.

#### **Pre-Existing Conditions**

Effective January 1, 2014, all pre-existing exclusions are removed.

#### **Primary Care Providers**

The Plan generally allows the designation of a primary care provider, *but is not required*. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Anthem at 1-800-887-6055. Please note that for children, you may designate a pediatrician as the primary care provider.

#### **HIPAA SPECIAL ENROLLMENT**

The Plan complies with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). For more information regarding your rights under HIPAA, you may want to contact the County through **The Ashland County Board of Commissioners** or the nearest U.S. Department of Labor.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Plan, if you or your dependents lose eligibility for the other coverage, or if the employer stops contributing towards your or your dependents' other coverage, provided that you request enrollment for the Plan within 30 days after your other coverage ends. In addition, if you have a new dependent as the result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

#### **MEDICAID OR STATE SCHIP PROGRAM SPECIAL ENROLLMENT**

There is a special 60-day special enrollment period for employees or dependents that lose coverage under a Medicaid plan or a state's SCHIP program as a result of loss of eligibility, or become eligible for a premium assistance subsidy under Medicaid or a state's SCHIP program.

If you have any questions regarding open enrollment, special enrollment, or creditable coverage, or would like more information about any matter discussed in this Notice, you may contact the County.

**Name: Ashland County Board of Commissioners**

**Address: 110 Cottage Street, Ashland, OH 44805**

**Phone: 419-282-4220**

**Medicaid and the Children’s Health Insurance Program (CHIP)  
Offer Free or Low-Cost Health Coverage to Children and Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

To see if any States have added a premium assistance program since April 16, 2010, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565