

2024 BENEFITS ENROLLMENT GUIDE

**Human Resources
Macon Water Authority**



**NFP Service Center
NFPseCustomerService@nfp.com
1-800.994.7429**



Welcome to your Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Macon Water Authority. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and consider how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuum of protection that complements the Macon Water Authority leave policies and retirement plans. The plan year is in effect from January 1, 2024, to December 31, 2024.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the plan documents available from the respective carriers for complete details. Your plan documents will provide detailed information regarding copayments, coinsurance, deductibles, covered benefits, exclusions, and other benefits. The plan documents will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

Mid-year updates to the Benefits Enrollment Guide will be made on the electronic version located on the [Macon Water Benefit Resource Center](https://shawhankinsbenefits.net/mwa/enrollment) or <https://shawhankinsbenefits.net/mwa/enrollment>.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 23 for more details.

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BENEFITS OFFERED

MY HEALTH

Medical | **Anthem**
Supplemental Health | **Brella**
Dental | **Anthem**
Vision | **Ameritas**

MY LIFE

Life and AD&D | **Hartford**
Disability | **Hartford**

MY EXTRAS

Critical Illness | **Aflac**
EAP | **Anthem & Hartford**

Your Open Enrollment Period
November 1, 2023 – November 17, 2023

ENROLLMENT INSTRUCTIONS

- Review the information in this guide and benefit plan summaries.
- Please go online to www.workforcenow.adp.com or meet with a NFP Benefit Counselor to elect or decline coverage by November 17th.
- Please contact NFP at (800) 994-7429 to speak with a Benefit Counselor if you need assistance with your enrollment.
- You will not be allowed to make changes after the open enrollment window closes, unless you experience a qualifying life event.

NOTE: All employees are encouraged to log into the ADP enrollment portal to confirm their demographic information, dependent information, student status information, and beneficiary information. For reporting purposes, Social Security numbers and date of birth information must be provided and accurate.



Helpful Tips To Consider Before You Enroll

- Do you plan to enroll an *eligible dependent(s)*?**
If so, make sure to have their Social Security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
- Have you recently been *married/divorced or had a baby*?**
If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
- Did any of your covered children reach their *26th birthday this year*?**
If so, they may no longer be eligible for benefits, unless they meet specific criteria.

Eligibility Rules | Requirements

EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time. Your coverage will be effective on the date of hire.

DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **‘dependent’** is defined as the **legal spouse** and/or **‘dependent child(ren)’** of the plan participant or the spouse.

The term **‘child’** refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A foster child;
- A child for whom legal guardianship has been awarded to the participant; or
- Disabled dependents may be eligible if requirements set by the plan are met.



The chart provided below explains who is eligible for coverage under each benefit plan type:

Line of Coverage	When coverage ends
Medical, Vision, Dental	The last day of the month the child turns age 26
Child Life Insurance	The last day of the month the child turns age 26
Spouses are Eligible for:	Medical, Brella, dental, vision, life, and critical illness

Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

Please contact NFP at (800) 994-7429 to speak with a benefits counselor regarding enrollment in coverage due to a Qualifying Event.

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to the Benefits Department within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA Continuation details can be found in the notices section of this employee benefit guide.

Benefit Resource Center

NFP provides the **Macon Water Authority** Employees a Benefit Resource Center website that gives you access to all of the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains information on the following topics:

- Employee Benefits
 - Medical and Pharmacy
 - Dental
 - Vision
 - Life and Disability
 - Voluntary Benefits
 - Employee Assistance Program
- Qualifying Life Events
 - Enrollment
 - ADP Enrollment Portal
 - Enrollment Presentation
 - Contacts

For easy access, we have included important documents and links to your benefit information along with access to the ADP enrollment system on the enrollment page of the website. The Benefit Resource Center also includes videos that discuss a high-level overview of the benefit plans that you have available. Please access the Benefit Resource Center site at www.shawhankinsbenefits.net/mwa to view important information pertaining to each of your benefits. Remember, if you still have questions, please contact the NFP Service Center at 800-994-7429.

Open Enrollment Education Schedule

NFP will be conducting several educational meetings, as outlined below, during the first weeks of Open Enrollment.

Please join the educational session listed below for your department.

Educational Sessions

Date	Time	Department
November 1, 2023	8:00 am 9:30 am 11:00 am 1:45 pm 3:15 pm	Executive Director, Vice Presidents, Directors, Managers Assist Managers, Supervisors Lab, MSI, Business Office, Call Center, I.T. Maintenance, B&G, Admin, Accounting Billing, Business Office, Call Center, Rocky Creek
November 3, 2023	7:30 am 9:00 am 10:30 am 3:15 pm	Stormwater, Engineering Rocky Creek, Business Office, AWTP Meter Readers, Field Service, Call Center Business Office, AWTP
November 7, 2023	7:30 am 9:30 am 11:00 am 1:15 pm	Water Distribution, Warehouse MSI, Maintenance, AWTP, Lower Poplar Engineering, H.R. Lower Poplar, Sewer Conveyance
November 9, 2023	8:00 am 1:15 pm	Make-up Day and Enrollment Assistance Make-up Day and Enrollment Assistance

Open Enrollment Assistance Schedule

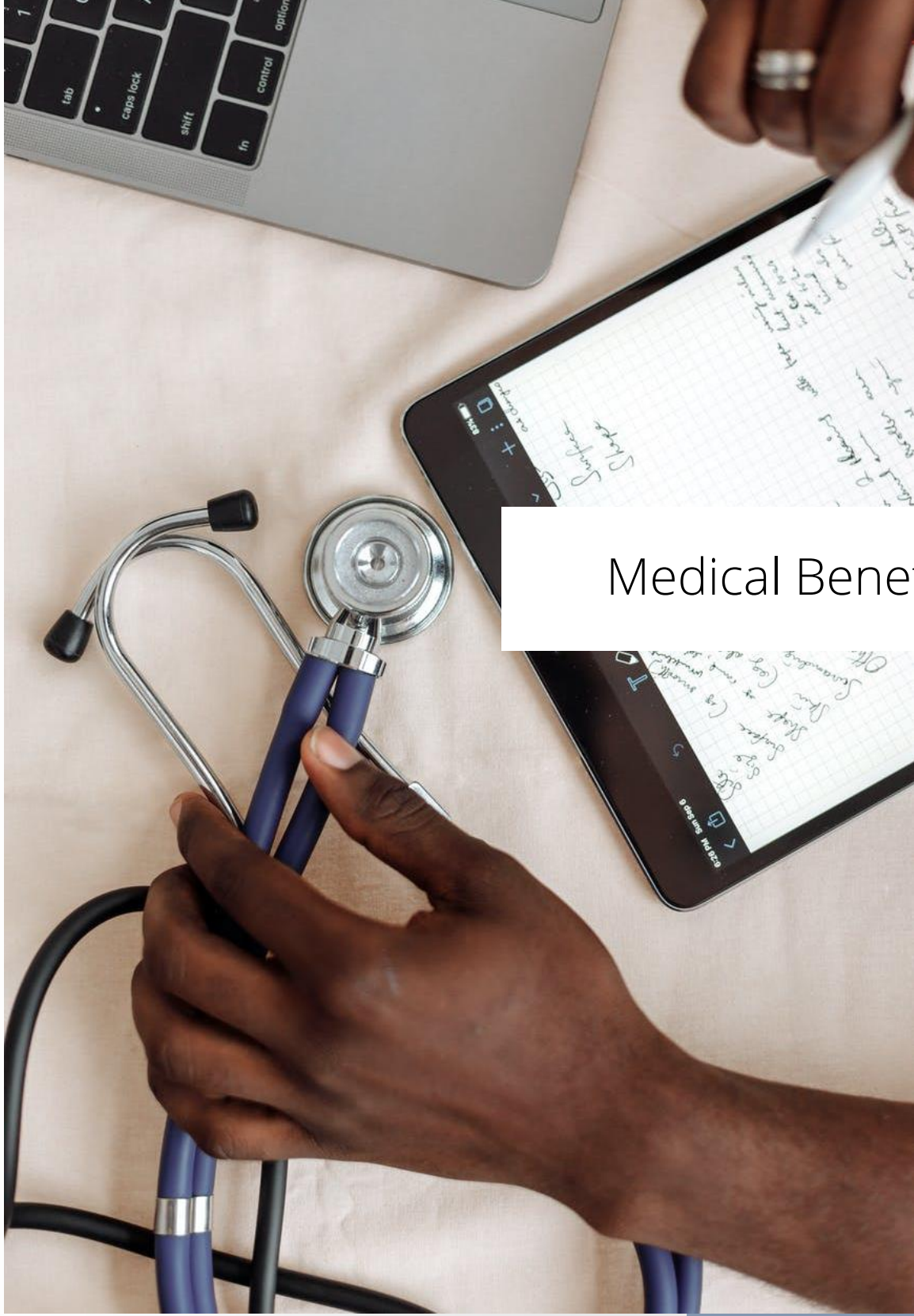
Macon Water Authority will be offering on-site enrollment assistance this year. If you would like assistance with making a change to your benefits, help with reviewing your current benefits, or you simply have questions, please don't hesitate to sign-up for an appointment with a NFP Benefit Consultant. They will be available as shown in the schedule below. Please schedule an appointment with a benefit counselor using the link <https://ceked6vfl6.timetap.com>.

You can also make your election changes online on your own or with the support of the NFP Service Center.

We highly recommend that employees login to ADP to review their benefit/beneficiary information, as well as your demographics.

Enrollment Assistance Schedule

Date	Time	Location
November 1, 2023	8:00 am – 5:00 pm	Human Resources Conference Room
November 3, 2023	8:00 am – 5:00 pm	Human Resources Conference Room
November 7, 2023	8:00 am – 5:00 pm	Human Resources Conference Room
November 9, 2023	8:00 am – 5:00 pm	Human Resources Conference Room
November 14, 2023	8:00 am – 5:00 pm	Human Resources Conference Room
November 15, 2023	8:00 am – 5:00 pm	Human Resources Conference Room
November 16, 2023	8:00 am – 5:00 pm	Human Resources Conference Room
November 17, 2023	8:00 am – 5:00 pm	Human Resources Conference Room



Medical Benefits



In-Network Single / Family	
Plan Deductible (per calendar year)	\$750 / \$2,250
Coinsurance	80%
Out-of-Pocket Maximum (includes coinsurance, deductible and copays)	\$5,000 / \$10,000
Preventive Services	Covered 100%
Office Visits	
Primary Care Physician	\$25 copay
Specialist	\$35 copay
Emergency Services	
Urgent Care Clinic	\$75 copay
Hospital Emergency Room	\$250 copay + 20%
Hospital	
Outpatient Facility	20% after deductible
Inpatient Facility	20% after deductible
Retail Prescriptions	
Tier 1 – Generic Drugs	\$10
Tier 2 – Preferred Drugs	\$35
Tier 3 – Non-preferred Drugs	\$55
Tier 4 – Specialty Drugs	\$55
Mail Order Prescriptions – 90 Day Supply	
Tier 1 – Generic Drugs	\$25
Tier 2 – Preferred Drugs	\$88
Tier 3 – Non-preferred Drugs	\$138
Tier 4 – Specialty Drugs	Not Available

Important Medical & Pharmacy Information

Although we don't plan on getting sick or injured, most of us generally will need some type of medical care or attention. Medical insurance is important to assist in paying for medical expenses, whether they are expected or unexpected.

DID YOU KNOW?

Plan members can access the national network of providers. With this national network, plan members will receive the same in-network benefits with any participating provider, regardless of location. The network gives employees access to doctors, hospitals, and other health care providers across the country.

PRESCRIPTION MAIL ORDER PROGRAM

For prescription medications you take regularly to treat ongoing conditions (such as medications used to treat high-blood pressure or diabetes), you may fill a 90-day supply through the mail order program.

To start using the mail order program, you will need a new prescription from your doctor.

If you choose to get your Maintenance Medications from the Home Delivery Pharmacy, you can tell us your choice by phone at the number on the back of your ID Card or by visiting our website at www.anthem.com

	Weekly
Employee	\$41.83
Employee + Spouse	\$89.75
Employee + Child(ren)	\$75.77
Employee + Family	\$129.42

HOW TO LOCATE AN ANTHEM BCBS PROVIDER

- Visit www.anthem.com. (You may register for an account and login.)
- Click on "Find Care."
- Select relevant search options.

Numbers To Know

DEDUCTIBLE

POS in-network deductible:

- Individual deductible: \$750
- Family deductible: \$2,250

OUT-OF-POCKET MAXIMUM

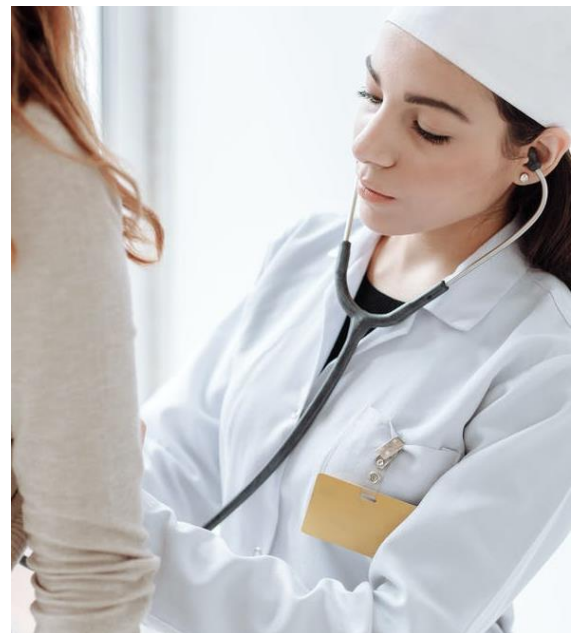
POS in-network out-of-pocket maximum:

- Medical: Individual \$5,000 & Family \$10,000
- Pharmacy: Combined with medical

COINSURANCE

POS in-network coinsurance:

- 80%

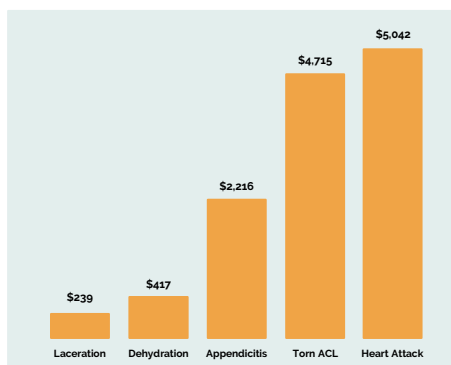


Don't let a health issue strain your finances.

Most people have out-of-pocket medical costs if they get sick or injured— which a health issue could run up unexpected bills.

Brella works on top of other health insurance and pays cash benefits you can use towards medical bills or anything else you need.

Are you prepared for out-of-pocket costs like these?



*Source: 2020 Kaiser Family Foundation Health Benefits Survey and Healthcare Bluebook. The out-of-pocket costs are estimates only and are calculated at 30% of the total average medical cost, assuming that average health insurance plan covers approximately 70% of the expense. Your health insurance coverage may be more or less.

Your Brella Plan

Moderate	\$200
Severe	\$500
Catastrophic	\$1,000

Coverage for you is provided at no cost. You may choose to pay for dependent coverage.

Sample Covered Conditions



Your Brella plan covers 13,000+ conditions.

That's a lot— and it's too many to include on just one page!

This list highlights 100+ common covered conditions with their assigned benefit categories. The category tells you which benefit payout you would receive if your claim is approved.

Brella doesn't cover everything. Here's what you need to know about what's not covered—

Brella is designed to cover sudden financial strain that might come with health issues. We don't cover mild conditions that you would typically treat at home or with a primary care physician because they don't usually break the bank.

We also don't cover chronic, mental health, or maternity conditions because these types of conditions usually give us time to plan for upcoming or ongoing expenses.

Brella supplemental health insurance pays cash benefits if you're diagnosed with any of 13,000+ covered conditions.

How it works—

File a claim if you're diagnosed with a covered condition. If approved, you'll get a payout within 72 hours. Use the cash for anything you need from medical bills to groceries.

What's Covered—

- **6,000+ Moderate conditions** like pneumonia, dehydration, concussions, and simple fractures
- **5,600+ Severe conditions** like appendicitis, torn ACL, gallstones, and acute respiratory failure
- **1,500+ Catastrophic conditions** like heart attack, stroke, cancer, and multiple sclerosis

Other important details about how Brella works—

All Brella plans include—

- **Easy claims submission** via our mobile app or online member portal
- **Fast payouts** within hours of approval by Venmo, PayPal, or bank deposit
- **Concierge support**— talk to the same person throughout your membership
- **Dependent coverage**— option to include spouse, children, or full family

With Brella, there are—

- **No pre-existing condition exclusions**
- **No medical questions to enroll**
- **No accident or hospitalization requirements to receive a benefit**

Next Steps

1

Review your plan info—

Review the information provided to you including the benefit amounts and what's covered. Your Brella plan includes coverage for you for Moderate, Severe, and Catastrophic conditions **at no cost**.

2

Review your dependent options—

You have the option to purchase coverage for your dependents— Spouse coverage, Child(ren) coverage, or Full Family Coverage. You'll see your per pay period costs for dependent coverage when you enroll.

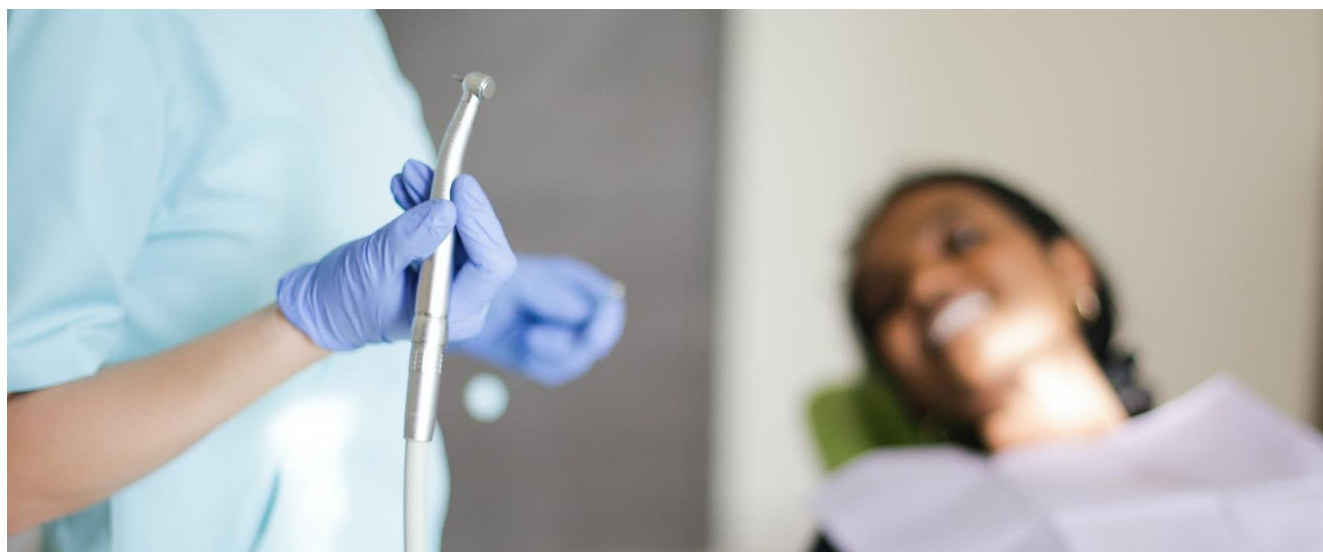
3

Reach out with questions—

Your Brella Member Care Representative is on standby ready to assist and answer your questions! Just call (888)300-5382 or email Brella at support@joinbrella.com.



Dental & Vision



The dental plans offered are passive PPO plans, which means that benefits are the same both in- and out-of-network. Although the benefits paid are the same in- and out-of-network, it is to your advantage to go to a provider in-network. Out-of-network providers have the option to balance bill you for the amount that is not covered. Your plan may cover some out-of-network costs, but the out-of-network provider is not obligated to accept Anthem's payment as payment in full. The provider can send you a bill for the remainder of the charges, even if it's more than our plan's out-of-network copay or deductible. To find an in-network provider, please go to www.anthem.com.

	Low Plan		High Plan
Calendar Year Deductible		Calendar Year Deductible	
Single	\$50	Single	\$50
Family	\$150	Family	\$150
Annual Benefit Maximum	\$1,250	Annual Benefit Maximum	\$2,500
Coinsurance Levels		Coinsurance Levels	
Preventive Expenses <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays</i>	100% after deductible	Preventive Expenses <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays</i>	100% after deductible
Basic Expenses <i>Fillings, periodontics, oral surgery, simple extractions</i>	80% after deductible	Basic Expenses <i>Fillings, periodontics, oral surgery, simple extractions</i>	90% after deductible
Major Expenses <i>dentures, bridges, crowns, implants</i>	50% after deductible	Major Expenses <i>dentures, bridges, implants, crowns</i>	50% after deductible
Orthodontia	Not Available	Orthodontia	50% ; \$1,000 lifetime maximum

Weekly Payroll Deductions
(those enrolled in medical coverage will be auto enrolled in the low dental plan at the same tier as medical coverage at no cost to the employee)

	Low Dental (for those NOT enrolled in medical)	High Dental (for those enrolled in medical)	High Dental (for those NOT enrolled in medical)
Employee	\$6.44	\$1.38	\$7.82
Employee + Spouse	\$11.58	\$3.45	\$15.03
Employee + Child(ren)	\$14.16	\$3.17	\$17.33
Employee + Family	\$21.24	\$5.34	\$26.58

LOCATING AN IN-NETWORK DENTAL PROVIDER

- www.anthem.com
 - Click on "Find Care" at the top of the page
 - Log in or choose "Select a Plan for Basic Search"
 - Select the "Dental Complete" network
- You may also contact Member/Patient Services at (855) 397-9269



Macon Water Authority provides you and eligible family members the opportunity to save on vision care services and products by purchasing vision coverage through Avesis. You can obtain eye care and supplies from any of the network's independent optometrists, ophthalmologists, opticians or at participating optical retailers. Limited benefits are also available if you choose non-network eye care professionals.

Benefit	VSP Choice Plus Plan		Eyemed Insight Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Exams	\$10 copay	Up to \$45 allowance	\$10 copay	Up to \$35 allowance
Contact Lenses				
Elective	Up to \$130 allowance	Up to \$105 allowance	Up to \$130 allowance	Up to \$104 allowance
Medically Necessary	Covered in full	Up to \$210 allowance	Covered in full	Up to \$200 allowance
Lenses				
Single Vision	Covered in full after a \$25 copay	Up to \$30 allowance	Covered in full after \$25 copay	Up to \$25 allowance
Bifocal	Covered in full after a \$25 copay	Up to \$50 allowance	Covered in full after \$25 copay	Up to \$40 allowance
Trifocal	Covered in full after a \$25 copay	Up to \$65 allowance	Covered in full after \$25 copay	Up to \$55 allowance
Frames	Up to \$130 allowance; 20% off additional cost	Up to \$70 allowance	Up to \$130 allowance; 20% off additional cost	Up to \$65 allowance
Frequency				
Exam	Once every 12 months		Once every 12 months	
Lenses	Once every 12 months		Once every 12 months	
Frames	Once every 24 months		Once every 24 months	

Weekly Payroll Deductions

Employee	\$1.54
Employee + Spouse	\$3.31
Employee + Child(ren)	\$3.10
Employee + Family	\$4.87

To locate a provider in the VSP Choice Plan, visit www.vsp.com or contact Ameritas Call Center at 1-800-877-7195.

To Locate a provider in the EyeMed Plan, visit www.eyemedvisioncare.com or contact EyeMed Customer Care Center at 1-866-289-0614.



Life & Disability

Life & Disability

BASIC LIFE AND AD&D – HARTFORD

Macon Water Authority provides basic life and accidental death and dismemberment insurance to all full-time employees equal to the benefit amount listed below:

- Executives receive coverage equal to two times your annual salary, to a maximum of \$200,000.
- Board Members or Elected Officials receive \$10,000 in coverage.
- All other FT active employees receive coverage equal to one and a half times your annual salary, to a maximum of \$200,000.

Dependent Life and AD&D options are available as follows:

- \$5,000 SP / \$2,000 CH
- \$10,000 SP / \$4,000 CH
- \$15,000 SP / \$6,000 CH
- \$20,000 SP / \$8,000 CH

Benefits will reduce by 35% at age 65. At age 70, benefits will reduce an additional 15% of the original amount.

Monthly Cost Of Voluntary Term Life Per \$1,000		
Age	Employee Rate	Spouse Rate
less than 30	\$0.09	\$0.09
30-34	\$0.100	\$0.100
35-39	\$0.150	\$0.150
40-44	\$0.250	\$0.250
45-49	\$0.410	\$0.410
50-54	\$0.720	\$0.720
55-59	\$1.180	\$1.180
60-64	\$1.580	\$1.580
65-69	\$2.470	\$2.470
70 +	\$4.350	\$4.350
Child Life Rate		
	\$0.200	

VOLUNTARY TERM LIFE – HARTFORD

Employees are given the opportunity to purchase additional term life insurance coverage for themselves, their spouse and / or their child(ren). The cost of the coverage is based on the age of the employee and the amount of coverage elected. The cost of coverage for dependent children is based on the amount of coverage elected.

- **Employee:** Employees may purchase voluntary life coverage in \$10,000 increments, up to a maximum of five times your annual salary not to exceed \$500,000. For new hires, proof of good health is required for any amounts above the \$200,000 guarantee issue amount.
- **Spouse:** Employees may purchase voluntary life coverage on their spouse in \$5,000 increments up to a maximum of \$250,000, not to exceed 50% of the amount of coverage you elect for yourself. For new hires, proof of good health is required for any amounts above the \$50,000 guarantee issue amount.
- **Child(ren):** Employees may purchase voluntary life coverage on their child(ren), ages 6 months through 25 years, in the amount of \$5,000 or \$10,000.

During this 2024 Open Enrollment, employees may increase current coverage by up to two increments, not to exceed the Guarantee Issue amount, on themselves and their spouse without submitting proof of good health.

Life & Disability



SHORT TERM DISABILITY – HARTFORD
 Macon Water Authority provides all full-time employees with Short Term Disability at no cost. In the event you are unable to work due to an illness, injury, accident or pregnancy, you will receive 60% of weekly earnings to a maximum of \$1,500 per week. Benefits begin on the 15th day after an accident or illness. Benefits are payable up to 11 weeks.

LONG TERM DISABILITY – HARTFORD
 Macon Water Authority also provides full-time employees with the option to purchase long term disability. In the event you become disabled from a non-work- related injury or sickness, disability income benefits are provided as a source of income. After 90 days of being disabled, employees are eligible for this benefit. It will pay 60% or 40% (depending on the percentage chosen) of monthly earnings to a maximum of \$5,000 per month. You are eligible to continue to receive benefits until your Social Security Normal Retirement age as long as you remain disabled. If you have declined this coverage in the past and wish to add coverage at this time, there is a pre-existing condition limitation/exclusion. The pre-existing condition limitation states that anything you have been diagnosed with, consulted on, or treated for in the six months prior to the effective date will not be covered for the twelve months after the effective date.

Monthly Cost to Employee Per \$100	
Age	Employee Rate
less than 25	\$0.067
25-29	\$0.079
30-34	\$0.166
35-39	\$0.274
40-44	\$0.381
45-49	\$0.551
50-54	\$0.714
55-59	\$0.659
60-64	\$0.516
65-69	\$0.572
70 +	\$0.572





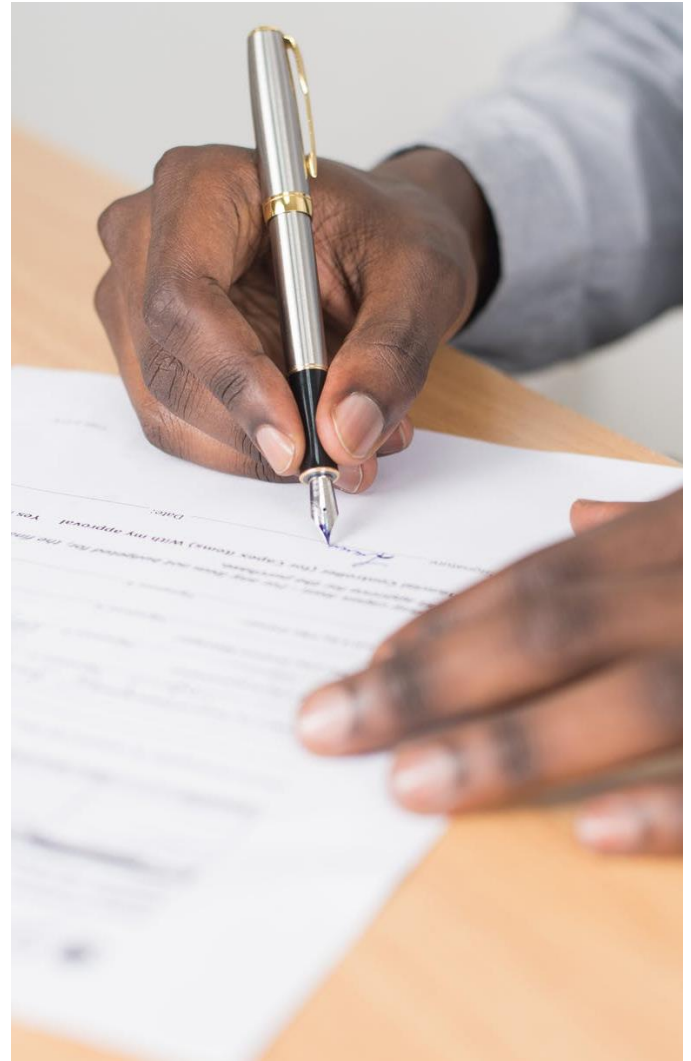
Additional Benefits

Additional Benefits

EMPLOYEE ASSISTANCE PROGRAM

Macon Water Authority provides all employees with The Hartford Ability Assist® Counseling Services, offered by ComPsych®, as well as services through Anthem. Ability Assist includes up to three face-to-face emotional counseling sessions per occurrence per year. Anthem provides an additional six visits. This means you and your family members won't have to share visits.

For access to Ability Assist, simply call toll-free 800-96-HELPS or visit guidanceresources.com. To access your Anthem EAP services please visit anthemEAP.com or call 800-865-1044.



CRITICAL ILLNESS

Can help you and your family prepare for the financial stress that a critical illness can cause. Provided through Aflac, Critical Illness Insurance is designed to help offset costs associated with the initial occurrence of a heart attack, stroke, cancer or other serious illness as outlined in the policy. You can choose a lump sum amount up to \$30,000 for yourself and a 50% benefit for your eligible dependents. This lump sum amount is paid out to you upon diagnosis of any covered critical illness such as heart attack, stroke, cancer, etc.



Important Notices

Important Notices

MEDICARE PART D 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 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. Macon Water Authority has determined that the prescription drug coverage offered by Anthem 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.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through 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-month Special Enrollment Period to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current Macon Water Authority coverage will not be affected. See Annual Creditable Coverage Notice, which outlines the prescription drug plan provisions / options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current Macon Water Authority coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your

current coverage with Macon Water Authority 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.

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, log onto www.medicare.gov, call 1.800.MEDICARE (1.800.633.4227), or call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information, visit socialsecurity.gov, or call 1.800.772.1213.

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).

Important Notices

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/member s_Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

Important Notices

PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT- Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/ Phone: 1-800-251-1269

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

Important Notices



CHILDREN'S HEALTH INSURANCE PROGRAM

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, 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 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.

WOMEN'S HEALTH AND CANCER RIGHTS

Under the Women's Health and Cancer Rights, any plan participant who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following:

- All states 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 lymphedemas.

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services are subject to deductibles and coinsurance amounts that are consistent with those of other benefits under the plan.



Contact Information

Contact Information

BENEFITS/ENROLLMENT QUESTIONS NFP	NFPseCustomerService@nfp.com 800.994.7429
MEDICAL Anthem	www.anthem.com 855.397.9269
EAP The Hartford Ability Assist Anthem	www.guidanceresources.com 800.964.3577 800.865.1044
DENTAL Anthem	www.anthem.com 877.604.2158
VISION Ameritas	www.vsp.com and 800.877.7195 or www.eyemedvisioncare.com and 866.289.0614
LIFE AND AD&D Hartford	www.thehartford.com 888.563.1124
DISABILITY Hartford	www.thehartford.com 888.277.4767
CRITICAL ILLNESS Aflac	https://aflacgroupinsurance.com/customer_ser vice/ 800.433.3036

What can the NFP Service Center provide for you?

Order ID Cards: NFP can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: NFP can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. NFP can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. NFP can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our service center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: NFP can assist you with questions regarding deductibles, copayments, and coinsurance. NFP can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. NFP work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

Annual Enrollment Information: NFP can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The service center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your service center Representative is available to help.

Confirmation Statements: NFP can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The NFP Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. NFP has an after-hours voice mailbox and your call will be returned the next business day.

800-994-7429

NFPsecustomerservice@nfp.com

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

