



# CITY OF GREEN BAY

2023 RETIREE BENEFIT ENROLLMENT BOOKLET

Elections made during open enrollment will become effective January 1, 2023. The City of Green Bay is dedicated to providing you and your family with valuable benefit packages. The City's goal is to balance the needs of employees against the ever rising cost of health care.

**2023 CHANGES**

- Dental Associates Enhancements

**Open enrollment will be held from November 10th, 2022 through November 28th, 2022.  
Deadline to submit changes are November 28th, 2022.**

**You do NOT need to submit anything if you are not making changes.**



# PERSONAL BENEFIT ACCOUNT & RETIREE REIMBURSEMENT ESCROW ACCOUNT

## PERSONAL BENEFIT ACCOUNT/HEALTH SAVINGS ACCOUNT

Retirees participating in the City's Health Insurance program can earn \$200-single and \$400-family in their Personal Benefit Account (PBA):

INCENTIVE	REQUIREMENT
\$200 for Retiree	Retiree must complete H.A. and appropriate exams
\$200 for covered Spouse	Spouse must complete H.A. and appropriate exams

## RETIREE REIMBURSEMENT ESCROW ACCOUNT

Your Retiree Reimbursement Escrow Account will continue to be administered with Employee Benefits Corporation (EBC).

EBC

**Customer Service Number:** 800.346-2126

[participantservices@ebcflex.com](mailto:participantservices@ebcflex.com)

[www.ebcflex.com](http://www.ebcflex.com)

## DEDUCTIBLE REIMBURSEMENT ACCOUNT (DRA)

### Under PPO Health Plan

Under the health insurance plan provided, also to our active employees, a single Retiree will be eligible for up to \$500 (single coverage) and \$1,000 (family coverage) to offset the health insurance deductible amount. For example: A single Retiree will pay the first \$1,750 in medical claims and the remaining \$500 will automatically be paid from the DRA. A family will pay the first \$3,500 in medical claims and the remaining \$1,000 will automatically be paid from the DRA. Unused dollars from this account do not roll over to the next calendar year and can only be used for the health insurance deductible under the active employee health plan. The DRA does not apply to the Retiree health plan.

# HEALTH INSURANCE

**UMR (Group Health Self-Funded)**  
**UHC Choice Plus Network**

## OPTION 1: PPO Copay Plan

**Embedded Deductible:** No single individual on a family plan will pay a deductible higher than the individual deductible amount.

	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b>		
Single	\$2,250	\$4,500
Family	\$4,500	\$9,000
<b>Deductible Reimbursement Account</b>		
Single		\$500
Family		\$1,000
<b>Out-of-Pocket Maximum</b>		
Single	\$4,500	\$9,000
Family	\$9,000	\$18,000
<b>Coinsurance</b>	80%	60%
<b>Best Value Services</b>		
Routine Preventive Care	<b>FREE</b>	Deductible & Coinsurance
Teladoc (Virtual Care)	<b>FREE</b>	N/A
Bellin Services (Primary Care & Urgent Care)	<b>FREE</b>	N/A
Prevea Services (Primary Care & Urgent Care)	<b>FREE</b>	N/A
<b>REMINDER: Your first Mammogram and/or Colonoscopy will be FREE each calendar year.</b>		
<b>Physician Services</b>	<b>Copay; Then, Deductible &amp; Coinsurance</b>	
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	\$35 Copay	Deductible & Coinsurance
<b>Hospital Services</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Services</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room</b>	\$300 Copay (waived if admitted or coded true emergency)	\$300 Copay (waived if admitted or coded true emergency)
<b>PRESCRIPTION DRUG</b>	<b>Retail</b>	<b>Mail Order (90 Day Supply)</b>
Generic	\$5 Copay	\$10 Copay
Brand	\$25 Copay	\$50 Copay
Non-Preferred	\$45 Copay	\$90 Copay
Specialty	10% not to exceed \$75 Copay	
<b>NOTE: Prescription Drug Copays track toward Health Insurance Out-of-Pocket Maximum.</b>		

Refer to the Summary Plan Descriptions (SPDs) for detailed medical plan coverage information.

### TOTAL MONTHLY RATES

<b>Retiree</b>	\$1,402.73
<b>Retiree + One</b>	N/A
<b>Family</b>	\$3,461.53

# HEALTH INSURANCE (continued)

UMR (Group Health Self-Funded) UHC Choice Plus Network	OPTION 2: RETIREE PLAN	
	<u>Non-Embedded Deductible</u> : Total Family Deductible must be paid out-of-pocket before Coinsurance will kick in.	
	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b>		
Single	\$2,000	\$2,000
Single + 1	\$4,000	\$4,000
Family	\$5,000	\$5,000
<b>Out-of-Pocket Maximum</b>		
Single	\$5,000	\$5,000
Single + 1	\$8,000	\$8,000
Family	\$10,000	\$10,000
<b>Coinsurance</b>	80%	60%
<b>Best Value Services</b>		
Routine Preventive Care	<b>FREE</b>	Deductible & Coinsurance
Teladoc (Virtual Care)	\$49 Per Service	N/A
Bellin Services (Primary Care & Urgent Care)	\$50 Per Visit	N/A
Prevea Services (Primary Care & Urgent Care)	\$75 Per Visit	N/A
<b>REMINDER: Your first preventative Mammogram and/or Colonoscopy will be FREE each calendar year.</b>		
<b>Physician Services</b>		
Primary Care (outside of Prevea/Bellin)	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Services</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Services</b> (outside of Prevea/Bellin)	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Prescription Drug Coverage</b>	<b>Retail</b>	<b>Mail Order</b>
	\$5 Copay	\$10 Copay
	\$25 Copay	\$50 Copay
	\$45 Copay	\$90 Copay
	10% not to exceed \$75 Copay	
<b>Prescription Drug Coverage</b>		
<b>Out-of-Pocket Maximum</b>		
Single	\$1,000	
Family	\$2,000	

Refer to the Summary Plan Descriptions (SPDs) for detailed medical plan coverage information.

## TOTAL MONTHLY RATES

Retiree	\$1,049.24
Retiree + One	\$2,098.51
Family	\$3,619.61

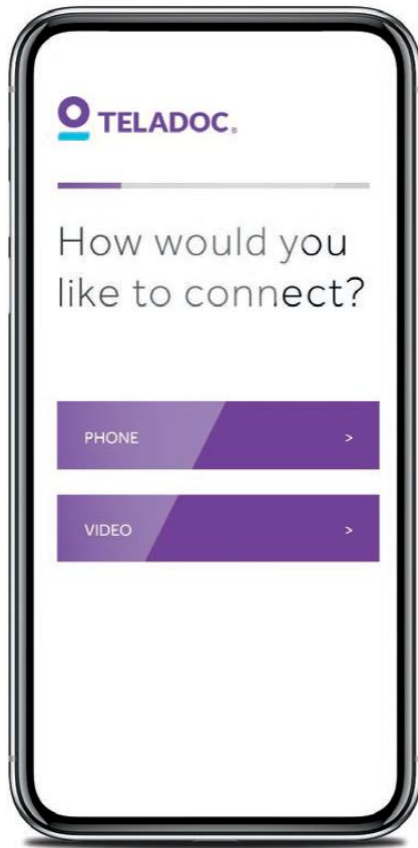
## UMR WEBSITE | FIND A UMR PROVIDER

1. Go to: [www.UMR.com](http://www.UMR.com)
2. Select "Find a Provider" then, click on the letter "U"
3. Select "UnitedHealthcare Choice Plus Network" then, select "Search for a Medical Provider"
4. Once redirected, select "Address" and enter your zip code along with your preferred mileage radius
  - From here, you can search by your Doctor's name or select the type of Specialty Doctor that you are looking for



# Get well, **sooner.**

Care by phone or video anytime, anywhere.\*



## Your Teladoc services:

### Everyday Care

Talk to a U.S.-licensed doctor for non-emergency conditions 24/7 from anywhere you are.

- Bronchitis
- Flu
- Rashes
- Sinus infections
- Sore throats
- And more

### Dermatology

Upload images of a skin issue online or on the app and get a custom treatment plan within 2 days. You can message the dermatologist for 7 days after receiving a plan to ask questions.

- Acne
- Eczema
- Poison ivy
- Rashes
- Rosacea
- And more

## CITY OF GREEN BAY MEDICAL PLAN COVERAGE

**OPTION 1 (ACTIVE RETIREE): **FREE!** (Medical)  
**FREE!** (Dermatology)**

**OPTION 2 (RETIREE): **\$49** Fee Per Service (Medical)  
**\$85** Fee Per Service (Dermatology)**

## Get started

Download the app



1-800-TELADOC (835-2362) | Teladoc.com

\*Teladoc is not available internationally.

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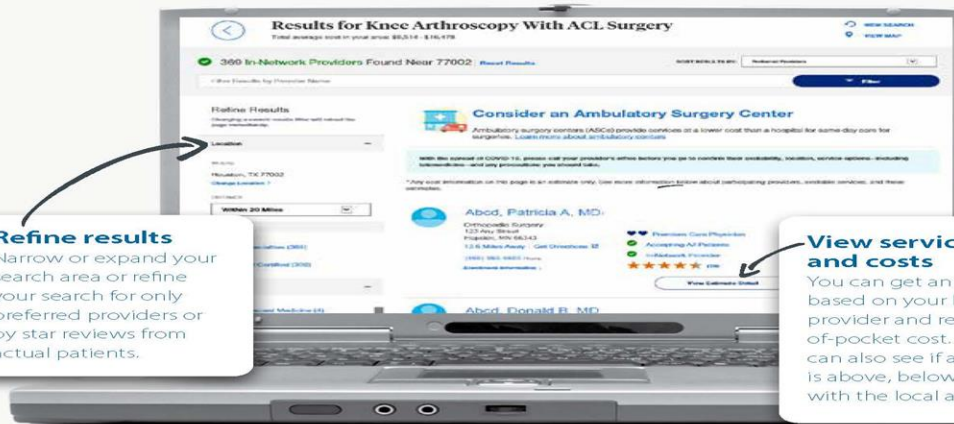
# OBTAIN THE RIGHT HEALTH CARE AT THE RIGHT COST

TYPE OF CARE	REASONS TO GO	COST	
		PPO PLAN	RETIREE PLAN
<b>Teladoc (virtual care)</b>	<ul style="list-style-type: none"> <li>○ Sinus Infection</li> <li>○ Cold Symptoms</li> <li>○ Acne</li> <li>○ Pink Eye</li> <li>○ Bowel / Digestive</li> <li>○ Head Lice</li> <li>○ Bronchitis</li> <li>○ Laryngitis</li> <li>○ Diaper Rash</li> <li>○ Influenza</li> <li>○ Rash</li> <li>○ Allergies</li> <li>○ <b>Much More!</b></li> </ul>	\$0 Phone or Video	\$49 Phone or Video
<b>Bellin Virtual Care</b>		\$0 E-Visit or Video	\$0 E-Visit or Video
<b>Bellin Fast Care Ages 18 Months+</b>	<ul style="list-style-type: none"> <li>○ Bladder Infection</li> <li>○ Ear Infection</li> <li>○ Strep Throat</li> <li>○ Blood Pressure Checks</li> <li>○ Mononucleosis</li> <li>○ <b>Much More!</b></li> </ul>	\$0	\$50
<b>Primary Care</b>	<ul style="list-style-type: none"> <li>○ Chronic Disease Management</li> <li>○ Anxiety</li> <li>○ Depression</li> <li>○ Nicotine Cessation</li> <li>○ <b>Much More!</b></li> </ul>	\$0 Bellin Prevea	\$50 Bellin Prevea
<b>Reminder: all preventive care visits are \$0</b>			
<b>Therapy Occupational &amp; Physical</b>	<ul style="list-style-type: none"> <li>○ Tendonitis</li> <li>○ Strains</li> <li>○ Sprains</li> <li>○ Work Injuries</li> <li>○ Rehab</li> <li>○ Chronic Pain</li> </ul>	\$10 Bellin Prevea	\$10 Bellin Prevea
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>○ Sprains</li> <li>○ Strains</li> <li>○ Urgent Health Concerns</li> <li>○ Broken Bones</li> </ul>	\$0 Bellin Prevea	\$50 Bellin Prevea
<b>Emergency Room <u>or</u> Call 911</b>	<ul style="list-style-type: none"> <li>○ Sudden Change In Vision</li> <li>○ Chest Pain</li> <li>○ Difficulty Breathing</li> <li>○ Heavy Bleeding</li> <li>○ Severe Head Injury</li> <li>○ Other symptoms Requiring Immediate Attention</li> </ul>	\$300 Copay waived if admitted or coded as a true emergency	Deductible and Coinsurance

## Know what you'll pay before getting care



The health cost estimator allows you to research treatment options and learn about the recommended care and estimated costs associated with your selected treatment option. You can even access quality and efficiency measurements for participating providers.



### Refine results

Narrow or expand your search area or refine your search for only preferred providers or by star reviews from actual patients.

### View services and costs

You can get an estimate based on your location, provider and remaining out-of-pocket cost. You can also see if a provider is above, below or in line with the local average cost.



It's easy to get started. Just look for the **Health cost estimator** tile on your personal home page.

# DENTAL INSURANCE

## CarePlus & Delta Dental

**NEW** DENTAL ASSOCIATES  
 (You can only go to Dental Associates  
 or Midwest Dental locations)

DELTA DENTAL

<b>Deductible</b>		
Single	\$0	\$50
Family	\$0	\$150
<b>Annual Maximum</b> (per person per year)	\$2,500	\$2,500
<b>Preventative Services</b>		
Bite Wing X-Rays		
Cleanings	100%	100%
Oral Exams		
Topical Fluoride		
Sealants		
<b>Basic Services</b>		
All other X-Rays		
Extractions		
Fillings	100%	Deductible; Then, 80%
Oral Surgery		
Periodontics		
Stainless Steel Crowns		
Space Maintainers		
<b>Major Services</b>		
Endodontics		
Full & Partial Denture Repair		
Implants	100%	Deductible; Then, 50%
Inlays/Onlays		
Partial or Complete Dentures		
Porcelain Crowns		
<b>Prosthodontic Services</b>	100%	Deductible; Then, 50%
Removable or Fixed Bridgework		
<b>Orthodontics</b>	<b>NEW</b> 50% to \$2,500 Annual Maximum	Deductible; Then, 50% to \$2,500 Annual Maximum
Per course of treatment		

Refer to the Summary of Benefits or Summary of Plan Descriptions (SPD) for detailed dental plan coverage information.

### TOTAL MONTHLY RATES

	DENTAL ASSOCIATES	DELTA DENTAL
<b>Retiree</b>	\$34.66	\$43.93
<b>Family</b>	\$105.30	\$133.51

### Delta Dental - FIND A PROVIDER

**Go To:** <https://www.deltadentalwi.com/s/find-a-provider> (When you see a Delta Dental PPO dentist, your out-of-pocket expense will most likely be the lowest. However, if you see a Delta Dental Premier dentist, you will still see cost savings as opposed to visiting an out-of-network dentist)



## QUICK REFERENCE GUIDE

COVERAGE	CARRIER	CONTACT
Medical	UMR	800.826.9781 www.umar.com
Prescription Drugs	Optum Rx	877.559.2955 Mail Order: 877.390.9200
Organ Transplant Carrier	OptumHealth Care Solutions	877.801.3507
Wellness Coordinator	The City of Green Bay	920.448.3101 amber.vanallen@greenbaywi.gov
Dental	Dental Associates	920.431.0345 www.dentalassociates.com
	Delta Dental of WI	800.236.3712 www.deltadentalwi.com claims@deltadentalwi.com
	ICMA-RC	ICMA-RC: 800.669.7400 www.icmarc.org
Deferred Compensation 457 Plan	WI Deferred Compensation	877.457.9327 www.wdc457.org
Retirement Plan	WI Retirement System (WRS)	877.533.5020 www.eft.wi.gov
Human Resources	The City of Green Bay	920.448.3147 human.resources@greenbaywi.gov

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# HIPAA NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Effective Date of Notice:** 01/01/2023

## **Who will follow this notice:**

This notice describes the health information practices of City of Green Bay (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your Medical, Dental and FSA benefits.

## **Our pledge to you:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

## **We are required by law to:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to City of Green Bay (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

*For example, the Plan may disclose to your provider that you are eligible for benefits.*

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

*For example, the Plan may use medical information about you to project future benefit costs.*

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act (“GINA”) for underwriting purposes.

### **YOUR RIGHTS**

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a “designated record set,” for as long as the Plan maintains your medical information in the designated record set.

“Designated record set,” means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Joe Faulds, Human Resources Director. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003

To request an accounting of disclosures, address your request to the following individual: Joe Faulds, Human Resources Director, [Joseph.Faulds@greenbaywi.gov](mailto:Joseph.Faulds@greenbaywi.gov) or 920-448-3356.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Joe Faulds, Human Resources Director, [Joseph.Faulds@greenbaywi.gov](mailto:Joseph.Faulds@greenbaywi.gov) or 920-448-3356. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Joe Faulds, Human Resources Director, [Joseph.Faulds@greenbaywi.gov](mailto:Joseph.Faulds@greenbaywi.gov) or 920-448-3356.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact the following individual: Joe Faulds, Human Resources Director, [Joseph.Faulds@greenbaywi.gov](mailto:Joseph.Faulds@greenbaywi.gov) or 920-448-3356.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Joe Faulds, Human Resources Director, [Joseph.Faulds@greenbaywi.gov](mailto:Joseph.Faulds@greenbaywi.gov) or 920-448-3356.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Green Bay 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. City of Green Bay has determined that the prescription drug coverage offered by City of Green Bay is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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.

CMS Form 10182-CC

Updated April 1, 2011

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

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current City of Green Bay coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Green Bay coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

### WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with City of Green Bay 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 Joe Faulds, Human Resources Director, [Joseph.Faulds@greenbaywi.gov](mailto:Joseph.Faulds@greenbaywi.gov) or 920-448-3356. **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 City of Green Bay 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 [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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

