

# MANDEVILLE FIRE/EMS

## ST. TAMMANY FIRE PROTECTION DISTRICT #4



**2022 EMPLOYEE & RETIREE BENEFITS GUIDE**

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HEALTH INSURANCE	Blue Cross Blue Shield of Louisiana	<a href="http://www.BCBSLA.com">www.BCBSLA.com</a> 1-800-495-2583	3-4
HEALTH SAVINGS ACCOUNT (HSA)	Health Equity	<a href="http://www.HEALTHEQUITY.com">www.HEALTHEQUITY.com</a> 1-866-346-5800	4
DENTAL INSURANCE	MetLife Dental PDP Plus Network	<a href="http://www.METLIFE.com">www.METLIFE.com</a> 1-800-942-0854	5
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## 2022 OPEN ENROLLMENT

### Online Open Enrollment

- November 22, 2021 to 4:00 pm, December 3, 2021
- Visit [my.mandevillefire.com](http://my.mandevillefire.com) and select the Benefit Enrollment link.

### Individual Open Enrollment & Benefit Review Sessions with HRO

- November 22, 2021 through November 25, 2021
- By station on duty-day and by appointment.

Benefits are a key component of the total compensation package provided by Mandeville Fire/EMS. Within this Benefit Guide you will find important information about the benefits available to you for 2022 (January 1, 2022 through December 31, 2022).

Each employee and insurance-eligible retiree is encouraged review the benefits offered by Mandeville Fire/EMS and determine which plans best meet their needs.

This Benefit Guide, related documents, and links are available anytime at:  
<http://my.mandevillefire.com>

***ALL EMPLOYEES AND INSURANCE-ELIGIBLE RETIREES MUST COMPLETE THEIR 2022 BENEFIT ENROLLMENT ONLINE BY 4:00 PM ON DECEMBER 3, 2021 TO BE COVERED FOR 2022. THERE IS NO AUTOMATIC RE-ENROLLMENT.***

# ENROLLMENT OVERVIEW

## ELIGIBILITY

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The following individuals are eligible for coverage through Mandeville Fire/EMS:

- **Employees:** Active full-time employees are eligible for medical, dental, vision, and supplemental insurance on their date of hire through semi-monthly payroll deduction.
- **Insurance-Eligible Retirees:** Eligible individuals who elected coverage upon their retirement from STFPD#4 with sixteen years or more of service on or before November 18, 2015 or with twenty years of service thereafter. Eligible retirees may elect medical, dental, and/or vision insurance coverage paid by the 15<sup>th</sup> of the coverage month by deduction from retirement income or check to STFD4. Eligibility for coverage ends upon cancelation of coverage, failure to elect coverage during open enrollment, or qualification for Medicare or Medicaid.
- **Dependents:** Employees and insurance-eligible retirees may elect matching coverage for the following dependents:
  - Children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian),
  - Dependent children of any age who are physically or mentally unable to care for themselves, and
  - Legal spouse who does not have coverage available through their own employer. A Spouse Health Insurance Eligibility Form must be filed by all employees and insurance-eligible retirees electing coverage for an eligible spouse upon initial enrollment, changes in the spouse's coverage eligibility, and each annual enrollment for which coverage is elected for the eligible spouse.

## NEW HIRE ENROLLMENT

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New hires are eligible for coverage on the first day of employment. Insurance selections must be completed and submitted to by the deadline provided by the HRO during orientation.

## ANNUAL OPEN ENROLLMENT

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Employees and insurance-eligible retirees are provided an opportunity to enroll in, change, or drop benefits during the annual open enrollment period. The plan period of all benefits is January 1 – December 31. This Benefit Guide provides coverage, expense, and legal information regarding the available coverages. 2022 Annual Open Enrollment will be offered November 22, 2021 to 4:00 pm on December 3, 2021.

## PAYROLL DEDUCTION

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Employee health, dental, vision, and supplemental insurance premiums are deducted semi-monthly from employees' payroll resulting in twenty-four deductions per year for each benefit.

## CAFETERIA PLAN

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Mandeville Fire/EMS provides employees the opportunity to take advantage of tax savings through a Section 125 Cafeteria Plan, Premium Only Plan (POP). The POP allows qualified insurance premiums to be deducted from payroll on a pre-tax basis.

## QUALIFYING LIFE EVENTS

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Outside of new hire enrollment and annual open enrollment, changes to the coverages elected by employees and insurance-eligible retirees may only occur due to a qualifying life event as detailed by tax code and plan documents. Election changes must be consistent with the eligible qualifying life event and supporting documentation of the event may be required. Change requests must be completed within 30-days of the qualifying event. Qualifying life events include:

- Marriage, divorce, or legal separation,
- Birth or adoption of a child,
- Death of your spouse or covered child,
- Change in your spouse's work status that affects his or her eligibility for benefits,
- Change in your child's eligibility for benefits,
- Qualified Medical Child Support Order.

## BENEFIT GUIDE

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This Benefits Guide highlights the main features of the health, dental, vision, and supplemental insurance benefit plans sponsored by Mandeville Fire/EMS. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Summary Plan Descriptions (SPDs) providing detailed information about the benefit plans are available from the HRO. Participation in the plans does not constitute an employment contract. The District reserves the right to modify, amend or terminate any benefit plan or practice described in this guide.

# MEDICAL



**BlueCross BlueShield  
of Louisiana**

Mandeville Fire/EMS offers eligible employees and retirees medical insurance options through Blue Cross Blue Shield of Louisiana.

The Fire District pays the majority of monthly premiums with defined contributions across all plans based upon the level of coverage elected. The plans offered by BCBSLA to MFD/EMS for 2022 increased in cost by 10.8% due to increased health care costs and high utilization. The

District will pay the full amount of the increase, resulting in no increase to employee premium rates. A fourth plan with coverage in the Blue Connect network has been added as an opportunity for savings. Members are encouraged to plan for increased costs for health insurance premiums in the coming years as the expense of health insurance is expected to continue rising.

	PREMIER BLUE	GROUP CARE	BLUE SAVER*	BLUE CONNECT
In-Network Benefits				
Deductible	None	\$750 Individual \$2,250 Family	\$1,400 Individual \$2,800 Family Aggregate**	None
Out-Of-Pocket Maximum	\$3,250 Individual \$6,500 Family	\$2,500 Individual \$5,000 Family	\$3,600 Individual \$7,200 Family Aggregate**	\$2,000 Individual \$4,000 Family
Coinsurance Expense	90% / 10%	70% / 30%	80% / 20%	100%
Physician Office Visit	\$30 Primary Care \$45 Specialist	\$40 Primary Care \$55 Specialist	Deductible Then Coinsurance	\$20 Primary Care \$50 Specialist
Urgent Care	\$45 Copay	\$55 Copay		\$50 Copay
Lab & Low-Tech	Plan Pays 100%	30% Coinsurance		Plan Pays 100%
High Tech Imaging (CT, PET Scans)	Plan Pays 100%	Deductible Then Coinsurance		Plan Pays 100%
Outpatient Physical, Speech & Occupational Therapy	\$30 Copay Per Visit			\$35 Copay Per Visit
Inpatient Hospital Admission	\$500 Copay Per Day (3-Day Max), Plus Coinsurance for Professional Fees			\$350 Copay Per Day (3-Day Max), No Charge for Professional Fees
Outpatient Procedures	\$500 Copay Per Visit, Plus Coinsurance for Professional Fees			\$350 Copay Per, No Charge for Professional Fees
Emergency Room (Waived If Admitted)	\$350 Copay Per Visit			\$350 Copay Per Visit
Preventive & Wellness	Covered 100%	Covered 100%		Covered 100%
Out-Of-Network Benefits				
Deductible	\$1,000 Individual \$3,000 Family	\$1,500 Individual \$4,500 Family	\$2,800 Individual \$5,600 Family	\$1,000 Individual \$3,000 Family
Out-Of-Pocket Maximum	\$6,500 Individual \$13,000 Family	\$5,000 Individual \$10,000 Family	\$7,000 Individual \$14,000 Family	\$4,000 Individual \$8,000 Family
Coinsurance Expense	70% / 30%	50% / 50%	60% / 40%	70% / 30%

\* The Blue Saver plan is a High Deductible Health Plan which may be combined with a Health Savings Account.

\*\*Family Aggregate Deductible – applies to any Blue Saver level of coverage which includes dependents.



	PREMIER BLUE	GROUP CARE	BLUE SAVER	BLUE CONNECT
<b>Prescription Drug Benefits (Retail)</b>				
Deductible	\$100 Prescription Deductible Per Person	\$250 Prescription Deductible Per Person	Medical Deductible	\$250 Prescription Deductible Per Person
Then:	<ul style="list-style-type: none"> <li>• Tier 1 Generic: \$7</li> <li>• Tier 2 Preferred Brand: \$30</li> <li>• Tier 3 Non-Preferred Brand: \$70</li> <li>• Tier 4 Specialty Drugs: 10% Coinsurance, Up to a Maximum Of \$150</li> </ul>	<ul style="list-style-type: none"> <li>• Tier 1 Generic: \$7</li> <li>• Tier 2 Preferred Brand: \$30</li> <li>• Tier 3 Non-Preferred Brand: \$70</li> <li>• Tier 4 Specialty Drugs: 10% Coinsurance, Up to a Maximum Of \$150</li> </ul>	<ul style="list-style-type: none"> <li>• Tier 1 Generic: Covered 80/20%</li> <li>• Tier 2 Brand: Covered 60/40%</li> </ul>	<ul style="list-style-type: none"> <li>• Tier 1 Generic: \$15</li> <li>• Tier 2 Preferred Brand: \$40</li> <li>• Tier 3 Non-Preferred Brand: \$70</li> <li>• Tier 4 Specialty Drugs: 10% Coinsurance, Up to a Maximum Of \$150</li> </ul>

**PLEASE REFER TO THE SUMMARY OF BENEFITS FOR FULL BENEFIT DETAILS.**

	PREMIER BLUE	GROUP CARE	BLUE SAVER	BLUE CONNECT
<b>Employee Premium Per Pay (Semi-Monthly)</b>				
Employee	\$55.68	\$34.75	\$16.38	\$45.22
Employee & Spouse	\$157.44	\$110.78	\$69.82	\$134.11
Employee & Children	\$139.65	\$97.17	\$59.87	\$118.41
Employee & Family	\$217.10	\$150.34	\$91.74	\$183.72
<b>20-Year Eligible Retiree Premium Per Month</b>				
Retiree	\$111.35	\$69.50	\$32.75	\$90.43
Retiree & Spouse	\$778.58	\$679.49	\$592.50	\$724.96
Retiree & Children	\$670.07	\$580.29	\$501.44	\$621.77
Retiree & Family	\$1,299.34	\$1,155.56	\$1,029.34	\$1,220.20
<b>16-Year Eligible Retiree Premium Per Month</b>				
Retiree	\$326.92	\$282.73	\$243.92	\$303.17
Retiree & Spouse	\$994.15	\$892.72	\$803.67	\$937.70
Retiree & Children	\$885.64	\$793.52	\$712.61	\$834.51
Retiree & Family	\$1,514.91	\$1,368.79	\$1,240.51	\$1,432.94

## HEALTH SAVINGS ACCOUNT (HSA)

**Contribution to an HSA is available only with enrollment in the Blue Saver plan.**

An HSA is an individual savings account associated with a High Deductible Health Plan that can be used to pay for qualified medical expenses. Pre-tax payroll deductions are contributed to the HSA account and can be rolled over from year to year. Money in the account accumulates on a tax-deferred basis and can be rolled over from year to year. An HSA account can be used to pay for any expenses covered under your medical plan, as well as other qualified expenses for an HSA as identified in IRS Section 213(d). Some of the most common expenses include office visit copays, prescription drugs, chiropractor visits, vaccinations, dental treatment, contact lenses and eyeglasses. The account is administered by Health Equity and a debit card is issued when the account is opened.

**HealthEquity**

The 2022 HSA contribution limits are: \$3,650 for individuals, \$7,350 for families, and employees age 55 and over may contribute up to an additional \$1,000.

# DENTAL



Mandeville Fire/EMS offers a dental insurance benefit for employees and insurance-eligible retirees. For 2022 the dental insurance provider has changed to MetLife. Please refer to the chart below for a brief summary of the plan's benefits. Complete plan details are available on the Benefit Enrollment website or through the Human Resource Officer.

	In-Network	Out-Of-Network
Deductible (Waived for Preventive Care)	\$25 Individual \$75 Family	\$25 Individual \$75 Family
<b>Co-Insurance</b>		
Preventive Care Cleaning (2 In 12 Months), Fluoride Treatments (Under Age 19), Oral Exams, Sealants, X-Rays	100%	
Basic Care Anesthesia, Fillings, Perio Surgery, Periodontal Maintenance (2 In 12 Months), Root Canal, Scaling & Root Planning, Simple & Surgical Extractions	100%	80%
Major Care Bridges & Dentures, Inlays, On Lays, Veneers, Repair & Maintenance of Crowns, Bridges & Dentures; Single Crowns	60%	60%
Orthodontia (Children Only)	50%	
Lifetime Orthodontia Maximum	\$1,500	
Dependent Age Limit	26	
Annual Maximum Benefit	\$2,000	

<b>Employee Premium Per Pay (Semi-Monthly)</b>			
Employee	Employee & Spouse	Employee & Children	Employee & Family
\$17.89	\$37.07	\$50.32	\$71.53
<b>Retiree Premium Per Month</b>			
Retiree	Retiree & Spouse	Retiree & Children	Retiree & Family
\$35.95	\$74.13	\$100.64	\$143.06

**METLIFE DENTAL**  
**PDP Plus Network**  
**www.METLIFE.com**  
**1-800-942-0854**

Mandeville Fire/EMS offers a vision insurance benefit for employees and insurance-eligible retirees. For 2022 the vision insurance benefit will be provided by MetLife. Please refer to the chart below for a brief summary of the plan's benefits. Complete plan details are available on the Benefit Enrollment website or through the Human Resource Officer.



		In-Network	Out-Of-Network
Copay		\$0	\$0
Covered Services		Amount You Pay:	
Pays for Eyeglass Or Contact Lenses Annually	Eye Exams (Every Calendar Year)	\$0	Amount Over \$45
	Lenses (Every Calendar Year)		
	Single Vision	\$0	Amount Over \$30
	Lined Bifocal	\$0	Amount Over \$50
	Lined Trifocal	\$0	Amount Over \$65
	Lenticular	\$0	Amount Over \$100
	Frames (Every Year)	80% Of Amount Over \$130	Amount Over \$70
	Contact Lenses		
	Elective & Conventional Planned Replacement & Disposable Medically Necessary	Up to \$130 Allowance Up to \$130 Allowance \$0	Amount Over \$105 Amount Over \$105 Amount Over \$210
Cosmetic Extras		Avg. 40%-60% Off Retail Price	No Discounts
Glasses (Additional Pair of Frames and Lenses)		20% Savings on Additional Glasses and Len Enhancements	No Discounts
Laser Correction Surgery Discount		Up To 15% Off Usual Charge Or 5% Off Promotional Price at MetLife Participating Locations	No Discounts
Dependent Age Limit		26	

Employee Premium Per Pay (Semi-Monthly)			
Employee	Employee & Spouse	Employee & Children	Employee & Family
\$4.06	\$8.11	\$9.43	\$14.48
Retiree Premium Per Month			
Retiree	Retiree & Spouse	Retiree & Children	Retiree & Family
\$8.11	\$16.22	\$18.85	\$28.96

# SUPPLEMENTAL BENEFITS



## Accident

The Aflac Group Accident plan provides cash benefits directly to you that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

Employee Premium Per Pay (Semi-Monthly)			
Employee	Employee & Spouse	Employee & Children	Employee & Family
\$8.11	\$12.62	\$15.75	\$20.26

## Hospital Indemnity

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to you** that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Employee Premium Per Pay (Semi-Monthly)			
Employee	Employee & Spouse	Employee & Children	Employee & Family
\$11.05	\$20.16	\$16.43	\$25.54

## Critical Illness

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness. Benefits are paid directly to you. The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

Employee Premium Per Pay (Semi-Monthly)											
		Coverage Value									
Issue Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	Non-Tobacco	\$1.91	\$3.07	\$4.22	\$5.37	\$6.52	\$7.68	\$8.83	\$9.98	\$11.13	\$12.28
	Tobacco User	\$2.44	\$4.13	\$5.81	\$7.49	\$9.17	\$10.85	\$12.53	\$14.22	\$15.90	\$17.58
30-39	Non-Tobacco	\$2.73	\$4.70	\$6.67	\$8.63	\$10.60	\$12.57	\$14.54	\$16.50	\$18.47	\$20.44
	Tobacco User	\$3.92	\$7.08	\$10.24	\$13.40	\$16.56	\$19.72	\$22.88	\$26.03	\$29.19	\$32.35
40-49	Non-Tobacco	\$4.73	\$8.69	\$12.66	\$16.62	\$20.59	\$24.55	\$28.52	\$32.49	\$36.45	\$40.42
	Tobacco User	\$7.10	\$13.44	\$19.78	\$26.12	\$32.46	\$38.80	\$45.14	\$51.48	\$57.82	\$64.16
50-59	Non-Tobacco	\$8.60	\$16.43	\$24.26	\$32.10	\$39.93	\$47.77	\$55.60	\$63.43	\$71.27	\$79.10
	Tobacco User	\$13.56	\$26.37	\$39.17	\$51.97	\$64.77	\$77.58	\$90.38	\$103.18	\$115.98	\$128.79
60+	Non-Tobacco	\$15.91	\$31.06	\$46.21	\$61.36	\$76.51	\$91.66	\$106.81	\$121.96	\$137.11	\$152.26
	Tobacco User	\$24.60	\$48.43	\$72.26	\$96.10	\$119.93	\$143.76	\$167.60	\$191.43	\$215.27	\$239.10

Spouse Premium Per Pay (Semi-Monthly)										
		Coverage Value								
Issue Age		\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	Non-Tobacco	\$1.91	\$2.49	\$3.07	\$3.64	\$4.22	\$4.79	\$5.37	\$5.95	\$6.52
	Tobacco User	\$2.44	\$3.29	\$4.13	\$4.97	\$5.81	\$6.65	\$7.49	\$8.33	\$9.17
30-39	Non-Tobacco	\$2.73	\$3.71	\$4.70	\$5.68	\$6.67	\$7.65	\$8.63	\$9.62	\$10.60
	Tobacco User	\$3.92	\$5.50	\$7.08	\$8.66	\$10.24	\$11.82	\$13.40	\$14.98	\$16.56
40-49	Non-Tobacco	\$4.73	\$6.71	\$8.69	\$10.68	\$12.66	\$14.64	\$16.62	\$18.61	\$20.59
	Tobacco User	\$7.10	\$10.27	\$13.44	\$16.61	\$19.78	\$22.95	\$26.12	\$29.29	\$32.46
50-59	Non-Tobacco	\$8.60	\$12.51	\$16.43	\$20.35	\$24.26	\$28.18	\$32.10	\$36.02	\$39.93
	Tobacco User	\$13.56	\$19.97	\$26.37	\$32.77	\$39.17	\$45.57	\$51.97	\$58.37	\$64.77
60+	Non-Tobacco	\$15.91	\$23.49	\$31.06	\$38.64	\$46.21	\$53.79	\$61.36	\$68.93	\$76.51
	Tobacco User	\$24.60	\$36.51	\$48.43	\$60.35	\$72.26	\$84.18	\$96.10	\$108.01	\$119.93



# ANNUAL NOTICES

## **IMPORTANT NOTICE FOR THE EMPLOYEES OF ST TAMMANY FIRE PROTECTION DISTRICT NO. 4 REGARDING YOUR RIGHTS CONCERNING SPECIAL ENROLLMENT PERIOD UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

In addition, if you and your dependent are covered under Medicaid or a state children's health insurance program and you lose eligibility for such coverage, you may request coverage for yourself and your dependent child, and you may be able to enroll yourself and your dependent in this Plan if you request enrollment within 60 days of losing such coverage.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact: Human Resource Officer at (985) 624-6552.

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## **IMPORTANT NOTICE FOR THE EMPLOYEES OF ST TAMMANY FIRE PROTECTION DISTRICT NO. 4 REGARDING YOUR RIGHTS CONCERNING RECONSTRUCTIVE SURGERY FOLLOWING A MASTECTOMY UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

### **Women's Health & Cancer Rights Act Notice**

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.

Note: These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your Plan Administrator, Human Resource Officer at (985) 624-6552.

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## **NOTICE OF PRIVACY POLICY**

### **Gramm-Leach-Bliley Act Notice, Information Only – No Response Necessary.**

Federal legislation called the Gramm-Leach-Bliley Act requires that we provide you annual notice of our privacy policy. This policy outlines how St. Tammany Parish Fire Protection District No. 4 may collect and use information about you.

### **PRIVACY POLICY – St. Tammany Parish Fire Protection District No. 4**

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications and other forms, such as name, address, social security number and previous insurance coverage;
- Information about your transactions with us or our affiliates, such as claims history and premium payments; and
- Information about you from others, including providers of services to you, such as previous employment, previous insurance coverage and claims detail.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We may disclose information we collect as described above to companies that perform services on our behalf. For example, we provide information on approved claims to the specialist company that prints and mails checks.

# ANNUAL NOTICES

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions or suggestions for improving our privacy policies, please contact the Human Resource Officer at (985) 974-7969.

## 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.

## YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Get a copy of your health and claims records: (1) You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. (2) We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
2. Ask us to correct health and claims records: (1) You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. (2) We may say “no” to your request, but we’ll tell you why in writing within 60 days.
3. Request confidential communications: (1) You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. (2) We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
4. Ask us to limit what we use or share: (1) You can ask us not to use or share certain health information for treatment, payment, or our operations. (2) We are not required to agree to your request, and we may say “no” if it would affect your care.
5. Get a list of those with whom we’ve shared information: (1) You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. (2) We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
6. Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
7. Choose someone to act for you: (1) If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. (2) We will make sure the person has this authority and can act for you before we take any action.
8. File a complaint if you feel your rights are violated: (1) You can complain if you feel we have violated your rights by contacting us using the information on page 1. (2) You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). (3) We will not retaliate against you for filing a complaint.

## YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- A. In these cases, you have both the right and choice to tell us to: (1) Share information with your family, close friends, or others involved in payment for your care, (2) Share information in a disaster relief situation, (3) Contact you for fundraising efforts. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- B. In these cases, we never share your information unless you give us written permission: (1) Marketing purposes, (2) Sale of your information.

## OTHER USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

1. Help manage the health care treatment you receive: (1) We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
2. Run our organization: (1) We can use and disclose your information to run our organization and contact you when necessary. (2) We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. Example: We use health information about you to develop better services for you.
3. Pay for your health services: (1) We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work.

# ANNUAL NOTICES

4. Administer your plan: (1) We may disclose your health information to your health plan sponsor for plan administration. Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

1. Help with public health and safety issues. We can share health information about you for certain situations such as: (1) Preventing disease, (2) Helping with product recalls, (3) Reporting adverse reactions to medications, (4) Reporting suspected abuse, neglect, or domestic violence, (5) Preventing or reducing a serious threat to anyone's health or safety.
2. Do research: We can use or share your information for health research.
3. Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
4. Respond to organ and tissue donation requests and work with a medical examiner or funeral director: (1) We can share health information about you with organ procurement organizations. (2) We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
5. Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you: (1) For workers' compensation claims, (2) For law enforcement purposes or with a law enforcement official, (3) With health oversight agencies for activities authorized by law, (4) For special government functions such as military, national security, and presidential protective services.
6. Respond to lawsuits and legal action: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

Changes to the Terms of This Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organization: St. Tammany Parish Fire Protection District #4

Contact: Human Resource Officer, 709 Girod Street, Mandeville, LA, 70448, (985) 624-6552.

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## **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).

# ANNUAL NOTICES

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 October 15, 2021. Contact your State for more information on eligibility.

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA – Medicaid</b>
Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html">https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884

# ANNUAL NOTICES

KENTUCKY – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:</p> <p><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>
LOUISIANA – Medicaid
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid
<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:</p> <p><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: -800-977-6740.</p> <p>TTY: Maine relay 711</p>
MASSACHUSETTS – Medicaid and CHIP
<p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a></p> <p>Phone: 1-800-862-4840</p>
MINNESOTA – Medicaid
<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p>Phone: 1-800-657-3739</p>
MISSOURI – Medicaid
<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>
MONTANA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p>
NEBRASKA – Medicaid
<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
NEVADA – Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>
NEW HAMPSHIRE – Medicaid
<p>Website: <a href="https://www.dhhs.nh.gov/oi/hipp.htm">https://www.dhhs.nh.gov/oi/hipp.htm</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
NEW JERSEY – Medicaid and CHIP
<p>Medicaid Website:</p> <p><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710</p>
NEW YORK – Medicaid
<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid



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Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <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> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

# ANNUAL NOTICES

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

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## NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Human Resource Officer at [hr@mandevillefire.com](mailto:hr@mandevillefire.com) or (985) 624-6552.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# ANNUAL NOTICES

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: St. Tammany Fire Protection District No. 4
4. Employer Identification Number (EIN): 72-0628200
5. Employer Address: 709 Girod Street
6. Employer Phone Number: (985) 626-8671
7. City: Mandeville
8. State: LA
9. ZIP Code: 70448
10. Who can we contact about employee health coverage at this job? Human Resource Officer
11. Phone Number: (985) 624-6552
12. Email: hr@mandevillefire.com

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to all employees.
- With respect to dependent, we do offer coverage. Eligible dependents are spouses without coverage available through their own employer and children, up to age 26, natural born children, step children, children placed in the home for adoption, foster children, and other children for whom you are the legal guardian.
- This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employees wages.

\*\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Form Approved OMB No. 1210-0149 (expires 6-30-2023)

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## **YOUR RIGHTS UNDER USERRA: THE UNIFORM SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT**

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### Right to Be Free from Discrimination and Retaliation

If you:

- are a past or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service;

then an employer may not deny you:

- initial employment;
- reemployment;
- retention in employment;
- promotion; or
- any benefit of employment because of this status.

# ANNUAL NOTICES

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## Enforcement

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.

## NOTES

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I, \_\_\_\_\_, acknowledge that I received a copy of the 2022 Mandeville Fire/EMS Employee & Retiree Benefits Guide including annual and new hire notices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date