



MANDEVILLE FIRE/EMS



2023 BENEFITS GUIDE



<https://my.mandevillefire.com>



2023 ONLINE BENEFIT OPEN ENROLLMENT **NOVEMBER 22, 2022 - NOVEMBER 28, 2022, 4:00 PM**

***ALL EMPLOYEES AND INSURANCE-ELIGIBLE RETIREES
MUST COMPLETE THEIR 2023 BENEFIT ENROLLMENT ONLINE
BY 4:00 PM ON NOVEMBER 28, 2022 TO BE COVERED FOR 2023.***

CHANGES FOR 2023

❖ BENEFITS OPEN ENROLLEMENT

- **Employees will not be required to meet with the Human Resource Officer to complete and/or review their 2023 Benefits Open Enrollment online.**
- The step-by-step process of how to complete your enrollment online is provided in this guide.
- Those who would like assistance with their online benefit enrollment or who have questions should email HR@mandevillefire.com to request an appointment with the HRO before November 28, 2022.
- Spouse Health Insurance Eligibility Forms should be submitted to HR@mandevillefire.com or the HRO by November 30, 2022, for 2023 coverage of any spouse. Failure to complete and submit the form may result in cancelation of the spouse's enrollment for 2023. The form is included as the last page of this guide.

❖ MEDICAL INSURANCE

- The cost of coverage for medical insurance plans offered by Blue Cross Blue Shield of Louisiana to Mandeville Fire/EMS increased 4.9% on all plans and at all coverage levels for 2023. The full cost of the increase was included in the proposed 2023 budget, so employee premium rates will not increase for 2023. Retiree premiums rates are set by defined contribution of the Fire District and increased accordingly.
- Blue Saver Plan: The IRS increased the minimum deductible on High-Deductible Health Plans eligible for Health Savings Accounts (HSAs). Deductibles on the Blue Saver Plan for 2023 were increased accordingly and are indicated in the table of plan coverages for Medical Insurance.

❖ DENTAL INSURANCE

- Dental insurance coverage will be offered through Guardian Insurance. The plan provides a lower Annual Maximum Benefit than coverage offered in 2022, but alternatively offers the benefit of potential Maximum Rollover based on utilization and a defined rollover plan.

❖ VISION INSURANCE

- Vision insurance coverage will be offered through Guardian Insurance.

❖ HEALTH SAVINGS ACCOUNTS (HSA)

- The IRS increased the maximum contribution for 2023 HSAs to \$3,850 for individuals, \$7,750 for families, and employees age 55 and over may contribute up to an additional \$1,000.

ENROLLMENT OVERVIEW



ELIGIBILITY

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:** Those who retire with the required minimum years of service set by District policy and elected coverage upon their retirement from STPPD#4, may elect medical, dental, and/or vision insurance coverage. Eligibility for coverage ends upon cancellation 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 current and complete Spouse Health Insurance Eligibility Form must be filed with the HRO 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.

PREMIUM DEDUCTIONS & PAYMENTS

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

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.

Premiums for insurance-eligible retirees are due the 15th of the month prior to coverage and may be remitted by deduction from retirement income or check to STFD4.

ANNUAL OPEN ENROLLMENT

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.

NEW HIRE ENROLLMENT

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.

QUALIFYING LIFE EVENTS

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

This Benefits Guide highlights the main features of the medical, dental, vision, and supplemental insurance benefit plans sponsored by Mandeville Fire/EMS. 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.

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.

HOW TO ENROLL



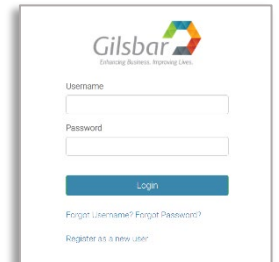
STEP 1: GO TO THE ONLINE ENROLLMENT WEBSITE

- Visit <https://my.mandevillefire.com> and click on the Online Enrollment link under the Benefit Enrollment header, or
- Follow this link to the [Gilsbar Online Enrollment](#) site.



STEP 2: LOGIN

- **Login** with your mandevillefire.com email address (or retiree personal email address) and the password you selected during a previous enrollment. Then click Login.
- **Forgot Password?** Click on the link below the Login button to have a password reset sent to your email address.
- **Forgot Username?** Click on the link to have your username sent to the email address in your profile, or contact the HRO to request your username.



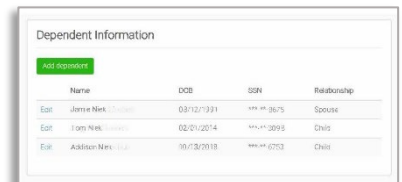
STEP 2: START YOUR ENROLLMENT

- Click on the **Start Enrollment** button, and then
- Click on the **Get Started** button.

STEP 3: PERSONAL INFORMATION

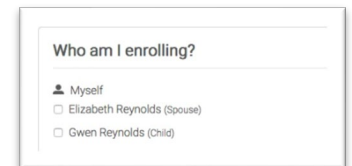
- **Review, edit, & update** personal information about yourself and your dependents in the system.

NOTE: Former dependents cannot be removed from this system. Note which dependents you elect coverage for each insurance.



STEP 4: BENEFIT ELECTIONS

- To enroll dependents in a benefit, click on the checkbox next to the dependent's name under **"Who am I enrolling?"**
- Below your dependents you can view your available plans and the cost per bi-monthly payroll deduction (or retiree monthly payment).
- To elect a benefit, click Select in the bottom right corner of the plan box. Scroll down and click **Save & Continue** to save the election and proceed.
- If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.
- Proceed through each benefit until you reach the **Enrollment Summary** screen.



STEP 5: REVIEW & CONFIRM ELECTIONS

- **VERY CAREFULLY REVIEW THE BENEFITS YOU SELECTED** on the enrollment summary page to make sure they are correct. Corrections cannot be made without a qualifying event after the Open Enrollment period has ended.
- Then click **Click to Sign** to **complete your enrollment**.
- **If your enrollment is not signed in the system, you will not be enrolled in 2023 benefit. You are encouraged to email HR@mandevillefire.com or call the HRO if you are unsure if you have completed your enrollment.**

TIP: If you miss a step, *Enrollment Note Complete* will appear in the progress bar and the incomplete step will be highlighted below it.

MEDICAL INSURANCE



Mandeville Fire/EMS offers eligible employees and insurance-eligible retirees four medical insurance plan options with exceptional coverage. A table of the care benefit offerings with each plan is provided below. The prescription drug benefits for the plans appear on the next page with the premium costs.

	PREMIER BLUE		GROUP CARE		BLUE SAVER		BLUE CONNECT			
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK		
COVERED BENEFITS										
Individual Deductible	None	\$1,000	\$750	\$1,500	\$1,600 <small>(Individual Coverage Policies Only)</small>	\$3,200	None	\$1,000		
Family Deductible	None	\$3,000	\$2,250	\$4,500	\$3,200 <small>(All Policies Covering 2 or More Individuals)</small>	\$6,400	None	\$3,000		
Individual Out of Pocket Max	\$3,250	\$6,500	\$2,500	\$5,000	\$3,600	\$7,200	\$2,000	\$4,000		
Family Out of Pocket Max	\$6,500	\$13,000	\$5,000	\$10,000	\$7,200	\$14,400	\$4,000	\$8,000		
Coinsurance	90%	70%	70%	50%	80%	60%	100%	70%		
(DME) Durable Medical Equipment Coinsurance	80%	70%	70%	50%	80%	60%	80%	70%		
OFFICE VISITS										
Primary Care Physician (PCP)	\$30 Copay*	Deductible Then Coinsurance	\$40 Copay*	Deductible Then Coinsurance	Deductible Then Coinsurance	Deductible Then Coinsurance	\$20 Copay*	Deductible Then Coinsurance		
Quality Blue Provider	\$15 Copay*		\$25 Copay*				\$20 Copay*			
Specialist	\$45 Copay*		\$55 Copay*				\$50 Copay*			
Pregnancy Care	\$45 Copay		\$55 Copay				\$50 Copay			
Mental, Nervous/Alcohol & Drug	\$30 Copay*		\$40 Copay*				\$20 Copay*			
Urgent Care	\$45 Copay*		\$55 Copay*				\$50 Copay*			
Lab & Low-Tech Imaging	Fully Covered		Fully Covered				Fully Covered			
High Tech Imaging (Free-standing)			Deductible Then Coinsurance							
Preventive and Wellness			Fully Covered						Out of Network Coinsurance	Fully Covered
INPATIENT SERVICES										
Inpatient Hospital Admission	\$500 Copay Per Day, 3 Day Max	Deductible Then Coinsurance	Deductible Then Coinsurance	Deductible Then Coinsurance	Deductible Then Coinsurance	Deductible Then Coinsurance	\$350 Copay Per Day, 3 Day Max	Deductible Then Coinsurance		
Inpatient Professional Services	In Network Coinsurance						In Network Coinsurance			
OUTPATIENT SERVICES										
Emergency Room (Waived if admitted)	\$350 Copay		In-Network Deductible Then Coinsurance		In-Network Deductible Then Coinsurance		\$350 Copay			
Outpatient Facility	\$500	Deductible Then Coinsurance	Deductible Then Coinsurance	Deductible Then Coinsurance	Deductible Then Coinsurance	Deductible Then Coinsurance	\$350 Copay	Deductible Then Coinsurance		
Outpatient Professional	In Network Coinsurance						In Network Coinsurance			
Physical, Speech & Occupational Therapy	\$30 Copay*						\$35 Copay*			
Lab and Low & High Tech Imaging	Fully Covered						Fully Covered			
OTHER COVERED SERVICES										
Prosthetics & Orthotics	DME Coinsurance	Deductible Then Coinsurance	Deductible Then DME Coinsurance	Deductible Then Coinsurance	Deductible Then DME Coinsurance	Deductible Then Coinsurance	DME Coinsurance	Deductible Then Coinsurance		
Ground Ambulance (Medically necessary)	\$50 Copay		Deductible Then Coinsurance		Deductible Then Coinsurance		\$50 Copay			
Skilled Nursing Facility	\$500 Copay Per Day, 3 Day Max						\$350 Copay Per Day, 3 Day Max			
Home Health Care Services	In Network Coinsurance						In Network Coinsurance			
Hospice Care Services										
Organ & Tissue Transplant	\$500 Copay	Not Covered	Not Covered		Not Covered		\$350 Copay	Not Covered		

*Copay per visit.

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WWW.BCSLA.COM
1-800-495-2583

MEDICAL INSURANCE



	PREMIER BLUE		GROUP CARE		BLUE SAVER	BLUE CONNECT	
	RETAIL	MAIL ORDER	RETAIL	MAIL ORDER		RETAIL	MAIL ORDER
PRESCRIPTION MEDICATION							
Prescription Drug Deductible	\$100		\$250		Medical & Drug Deductible Are Integrated	\$250	
<u>Tier 1</u> Primarily generic drugs, although some brand-name drugs may fall into this category.	\$7	\$21	\$7	\$21	80% Coinsurance After Deductible	\$15	\$45
<u>Tier 2</u> Brand-name drugs	\$30	\$90	\$30	\$90	60% Coinsurance After Deductible	\$40	\$120
<u>Tier 3</u> Primarily brand drugs that may have a therapeutic alternative that is in Tier 1 or Tier 2, although some generic drugs may fall into this category. Covered compounded drugs are included in this tier.	\$70	\$210	\$70	\$210		\$70	\$210
<u>Tier 4</u> Specialty Drugs (Limited to a 30-day supply per fill.)	Plan: 90%; Member: 10% Specialty with \$150 max		Plan: 90%; Member: 10% Specialty with \$150 max			Plan: 90%; Member: 10% Specialty with \$150 max	

2023 HEALTH INSURANCE PREMIUMS				
	PREMIER BLUE	GROUP CARE	BLUE SAVER	BLUE CONNECT
ACTIVE EMPLOYEES	Bi-Monthly Payroll Deduction			
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
20-YEAR RETIREES	Monthly Payment			
Retiree	\$ 111.35	\$ 69.50	\$ 32.75	\$ 90.43
Retiree & Spouse	\$ 886.87	\$ 778.48	\$ 683.34	\$ 756.05
Retiree & Children	\$ 760.75	\$ 663.19	\$ 577.50	\$ 647.81
Retiree & Family	\$ 1,492.14	\$ 1,331.81	\$ 1,191.07	\$ 1,275.56
16-YEAR RETIREES	Monthly Payment			
Retiree	\$ 370.94	\$ 322.97	\$ 280.85	\$ 315.81
Retiree & Spouse	\$ 1,146.46	\$ 1,031.95	\$ 931.44	\$ 981.43
Retiree & Children	\$ 1,020.34	\$ 916.66	\$ 825.60	\$ 873.19
Retiree & Family	\$ 1,751.73	\$ 1,585.28	\$ 1,439.17	\$ 1,500.94

HEALTH SAVINGS ACCOUNT



HealthEquity

The HSA is available only with enrollment in the Blue Saver High Deductible Health Plan.

The 2023 HSA contribution limits are: \$3,850 for individuals, \$7,750 for families, and employees age 55 and over may contribute up to an additional \$1,000.

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.

HEALTH EQUITY
WWW.HEALTHEQUITY.COM
1-866-346-5800

DENTAL INSURANCE



Mandeville Fire/EMS offers a dental insurance benefit for employees and insurance-eligible retirees, returning to Guardian for 2023 coverage at lower premiums than those offered in 2021. 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)	\$25.00 Individual \$75.00 Family	\$25.00 Individual \$75.00 Family
CO-INSURANCE		
<u>Preventive Care</u> Cleaning (2 In 12 Months), Fluoride Treatments (Under Age 19), Oral Exams, Sealants, X-Rays	Paid at 100%	
<u>Basic Care</u> Anesthesia, Fillings, Perio Surgery, Periodontal Maintenance (2 In 12 Months), Root Canal, Scaling & Root Planning, Simple & Surgical Extractions	Paid at 100% After Deductible	Paid at 80% After Deductible
<u>Major Care</u> Bridges & Dentures, Inlays, On Lays, Veneers, Repair & Maintenance of Crowns, Bridges & Dentures; Single Crowns	Paid at 60% After Deductible	Paid at 50% After Deductible
ORTHODONTIA		
(Children Only)	50%	
Lifetime Orthodontia Maximum	\$1,500	
Dependent Age Limit	26	
MAXIMUM BENEFIT		
<u>Annual Maximum Benefit</u>	\$2,000	
<u>Maximum Benefit Rollover</u>		
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Account Limit	\$1,250	

2023 DENTAL INSURANCE PREMIUMS	
ACTIVE EMPLOYEES	Bi-Monthly Payroll Deduction
Employee	\$ 17.98
Employee & Spouse	\$ 37.07
Employee & Children	\$ 50.32
Employee & Family	\$ 71.53
RETIREES	Monthly Payment
Retiree	\$ 35.95
Retiree & Spouse	\$ 74.13
Retiree & Children	\$ 100.64
Retiree & Family	\$ 143.06

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WWW.GUARDIANANYTIME.COM
1-866-600-1600

VISION INSURANCE



Mandeville Fire/EMS offers a vision insurance benefit for employees and insurance-eligible retirees, returning to Guardian for 2023 coverage. 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			
EYE EXAM (every calendar year)		\$0	Paid Up to \$39
Pays for Eyeglass Or Contact Lenses Annually	GLASSES		
	Lenses (every calendar year):		
	Single Vision	Paid at 100%	Paid Up to \$23
	Bifocal	Paid at 100%	Paid Up to \$37
	Trifocal	Paid at 100%	Paid Up to \$49
	Frames (every two years)	Paid Up to \$130	Paid Up to \$64
	CONTACT LENSES (every calendar year)		
	Medically Necessary	Paid at 100%	Paid Up to \$210
	Elective	Paid Up to \$130, Then 15% Discount	Paid Up to \$100
Cosmetic Extras		Avg. 40%-60% Off Retail Price	No Discounts
Additional of Glasses (Frames & 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 Participating Locations	No Discounts
Dependent Age Limit		26	

2023 VISION INSURANCE PREMIUMS	
ACTIVE EMPLOYEES	Bi-Monthly Payroll Deduction
Employee	\$ 4.06
Employee & Spouse	\$ 8.11
Employee & Children	\$ 9.43
Employee & Family	\$ 14.48
RETIREES	Monthly Payment
Retiree	\$ 8.11
Retiree & Spouse	\$ 16.22
Retiree & Children	\$ 18.85
Retiree & Family	\$ 28.96

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1-866-600-1600



Mandeville Fire/EMS offers a supplemental insurance benefit for employees through Aflac. Please refer to the information below for a brief summary of each policy's benefits and premiums. Complete policy documents are available on the Benefit Enrollment website or through the Human Resource Officer.

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.

2023 ACCIDENT INSURANCE PREMIUMS

ACTIVE EMPLOYEES	Bi-Monthly Payroll Deduction
Employee	\$ 8.11
Employee & Spouse	\$ 12.62
Employee & Children	\$ 15.75
Employee & Family	\$ 20.62

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.

2023 HOSPITAL INDEMNITY INSURANCE PREMIUMS

ACTIVE EMPLOYEES	Bi-Monthly Payroll Deduction
Employee	\$ 8.11
Employee & Spouse	\$ 12.62
Employee & Children	\$ 15.75
Employee & Family	\$ 20.62

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.

2023 CRITICAL ILLNESS INSURANCE PREMIUMS

		Bi-Monthly Payroll Deduction										
		ACTIVE EMPLOYEES						ACTIVE EMPLOYEE'S SPOUSE Maximum 50% of Active Employees Coverage				
		COVERAGE LEVEL*										
Issue Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-29	Non-Tobacco	\$1.91	\$3.07	\$4.22	\$5.37	\$6.52	\$7.68	\$1.91	\$2.49	\$3.07	\$3.64	\$4.22
	Tobacco User	\$2.44	\$4.13	\$5.81	\$7.49	\$9.17	\$10.85	\$2.44	\$3.29	\$4.13	\$4.97	\$5.81
30-39	Non-Tobacco	\$2.73	\$4.70	\$6.67	\$8.63	\$10.60	\$12.57	\$2.73	\$3.71	\$4.70	\$5.68	\$6.67
	Tobacco User	\$3.92	\$7.08	\$10.24	\$13.40	\$16.56	\$19.72	\$3.92	\$5.50	\$7.08	\$8.66	\$10.24
40-49	Non-Tobacco	\$4.73	\$8.69	\$12.66	\$16.62	\$20.59	\$24.55	\$4.73	\$6.71	\$8.69	\$10.68	\$12.66
	Tobacco User	\$7.10	\$13.44	\$19.78	\$26.12	\$32.46	\$38.80	\$7.10	\$10.27	\$13.44	\$16.61	\$19.78
50-59	Non-Tobacco	\$8.60	\$16.43	\$24.26	\$32.10	\$39.93	\$47.77	\$8.60	\$12.51	\$16.43	\$20.35	\$24.26
	Tobacco User	\$13.56	\$26.37	\$39.17	\$51.97	\$64.77	\$77.58	\$13.56	\$19.97	\$26.37	\$32.77	\$39.17
60+	Non-Tobacco	\$15.91	\$31.06	\$46.21	\$61.36	\$76.51	\$91.66	\$15.91	\$23.49	\$31.06	\$38.64	\$46.21
	Tobacco User	\$24.60	\$48.43	\$72.26	\$96.10	\$119.93	\$143.76	\$24.60	\$36.51	\$48.43	\$60.35	\$72.26

* Coverage available up to \$50,000 for active employees and \$25,000 for spouses of covered active employees.



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.

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.

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:

1. Information we receive from you on applications and other forms, such as name, address, social security number and previous insurance coverage;
2. Information about your transactions with us or our affiliates, such as claims history and premium payments; and
3. 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.

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) 624-6552.

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. 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.
3. 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.



1. 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.
2. 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.
4. 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.
5. 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.
6. 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.
7. 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/. (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.
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

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:
 - A. 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

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. 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

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



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.

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 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 or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 15, 2021. Contact your State for more information on eligibility.

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



<p>KENTUCKY – Medicaid</p> <p>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</p>
<p>LOUISIANA – Medicaid</p> <p>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)</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>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</p>
<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>
<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>

ANNUAL NOTICES



Website: https://www.scdhhs.gov Phone: 1-888-549-0820	SOUTH CAROLINA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	SOUTH DAKOTA - Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	TEXAS – Medicaid
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	UTAH – Medicaid and CHIP
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	VERMONT– Medicaid
Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	WASHINGTON – Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)	WEST VIRGINIA – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	WISCONSIN – Medicaid and CHIP
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	WYOMING – Medicaid

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
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

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 and reference the OMB Control Number 1210-0137.

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

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.¹

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 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](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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.

- Employer Name: St. Tammany Fire Protection District No. 4
- Employer Identification Number (EIN): 72-0628200
- Employer Address: 709 Girod Street
- Employer Phone Number: (985) 626-8671
- City: Mandeville
- State: LA
- ZIP Code: 70448
- Who can we contact about employee health coverage at this job? Human Resource Officer
- Phone Number: (985) 624-6552
- 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.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)

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.

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.



MANDEVILLE FIRE/EMS SPOUSE HEALTH INSURANCE ELIGIBILITY FORM

The spouse of an employee or insurance-eligible retiree of Mandeville Fire/EMS (St. Tammany Parish Fire Protection District No. 4) may not be enrolled on a Mandeville Fire/EMS group health insurance policy if the spouse is eligible for health insurance through their own employer. This form is required to be completed in full and submitted to the Human Resource Officer upon initial enrollment of the spouse, any change to the spouse's eligibility for health insurance on the policy, and by the deadline for each annual open enrollment in which coverage is elected for the spouse with an effective date of January 1, 2017 or later.

SECTION 1: EMPLOYEE/RETIREE & SPOUSE

Employee's Name: _____

Spouse's Name: _____

SECTION 2: QUALIFYING QUESTIONS

Q1. Is your spouse employed?

(receiving wages or income from an individual, business, organization, etc. including self-employment)

If you answered "YES", proceed to the next question (Q2).

☐ Yes ☐ No

If you answered "NO", your spouse is eligible to participate in the group health insurance plan and you must complete the Employee Attestation in Section 3 below.

Q2. Is your spouse offered health insurance by their employer?

If "Yes", your spouse is not eligible to be covered on health insurance through MFD/EMS.

☐ Yes ☐ No

If you answered "NO", you must complete the Employee Attestation in Section 3 below and have the Verification by Spouse's Employer in Section 4 completed by your spouse's employer.

SECTION 3: EMPLOYEE/RETIREE ATTESTATION

By signing below, I represent and warrant that the information provided on this form is accurate, current and complete to the best of my knowledge. I understand that falsification of information regarding my spouse's employment and/or available health insurance coverage will result in disciplinary action, or other appropriate action if I am covered as a retiree. I also understand that if the status of my spouse's eligibility for medical coverage through an employer changes, it is my responsibility to notify the Human Resource Officer in writing within 30 days of the change.

Employee Signature: _____ Date: _____

SECTION 4: VERIFICATION BY SPOUSE'S EMPLOYER

This section should be completed by the employer, or employer representative, of the spouse listed in Section 1 above to document eligibility for health insurance through their employer. We appreciate your assistance.

1. Is the spouse listed above currently employed by your organization? ☐ Yes ☐ No

2. Is the spouse listed above eligible for health insurance through your organization? ☐ Yes ☐ No

3. Is the spouse listed above currently covered by your employer sponsored health insurance? ☐ Yes ☐ No

4. If the spouse listed above is not currently eligible for your employer sponsored health insurance, will they be eligible at a later date? If so, on what date? ☐ Yes ☐ No ☐ N/A
Date: _____

Company Name/Employer: _____

Employer Telephone #: () _____

Owner/HR/Manager's Signature: _____

Owner/HR/Manager's Printed Name: _____