



# October 2023 Open Enrollment Guide

The Cornerstone of a  
Complete Life Begins Here



# Have a Question? We Have Answers!



| If you have questions about:  | Vendor              | Call...                          | Or go to...   |
|---|---------------------|----------------------------------|---|
| <b>General Benefits</b>   | Human Resources     | N/A                              | <a href="https://sites.google.com/cornerstonecharters.org/staffportal">https://sites.google.com/cornerstonecharters.org/staffportal</a> |
| <b>Medical/Prescription</b>   | BCBSM<br>BCN        | (877) 469-2583<br>(800) 662-6667 | <a href="http://www.bcbsm.com">www.bcbsm.com</a>  |
| <b>Online Healthcare Visits</b>                                     | BCBSM Online Visits | (844) 606-1608                   | <a href="http://bcbsmonlinevisits.com">bcbsmonlinevisits.com</a>  |
| <b>Dental</b>   | Delta Dental        | (800) 524-0149                   | <a href="https://www.deltadental.com/">https://www.deltadental.com/</a>   |
| <b>Vision</b>   | BCBSM VSP           | (800) 877-7195                   | <a href="http://www.bcbsm.com">www.bcbsm.com</a>  |
| <b>Flexible Spending Accounts</b>                                   | Optum Bank          | (800) 243 5543                   | <a href="http://www.optumbank.com">www.optumbank.com</a>  |
| <b>Employee Assistance</b>  | The Hartford        | (800) 96-HELPS<br>(800) 964-3577 | <a href="http://www.guidanceresources.com">www.guidanceresources.com</a>  |
| <b>Basic and Supplemental Life/AD&amp;D</b>                         | The Hartford        | (860) 547-5000                   | <a href="http://www.thehartford.com">www.thehartford.com</a>  |
| <b>Short Term Disability</b>  |                     |                                  |   |
| <b>Long Term Disability</b>   |                     |                                  |   |
| <b>Accident, Critical Illness, and Hospital Indemnity Insurance</b> | The Hartford        | (860) 547-5000                   | <a href="http://www.thehartford.com">www.thehartford.com</a>  |
| <b>403(b)</b>   | Alerus Retirement   | (800) 433-1685                   | <a href="http://www.alerus.com">www.alerus.com</a>  |

## Cornerstone Schools

| Location                          | Address                                 | Contact        |
|-----------------------------------|---|----------------|
| <b>Jefferson-Douglass Academy</b> | 6861 E Nevada, Detroit, MI 48234        | (313) 314-1300 |
| <b>Madison-Carver Academy</b>     | 19900 McIntyre St, Detroit, MI 48219    | (313) 486-4626 |
| <b>Washington-Parks Academy</b>   | 11685 Appleton, Redford, MI 48239       | (313) 592-6061 |
| <b>Adams-Young Middle School</b>  | 17351 Southfield Fwy, Detroit, MI 48235 | (313) 486-4260 |
| <b>Lincoln-King High School</b>   | 13436 Grove St, Detroit, MI 48235       | (313) 862-2352 |
| <b>Adams-Young Academy K-5</b>    | 13130 Grove St, Detroit, MI 48235       | (313) 395-8990 |

This is intended to be an easy-to-read summary and provides only a general overview of your benefits. This is not a contract. Additional limitations and exclusions are detailed in the official plan documents. For a complete description of benefits, please refer to each carrier's certificates/benefit guide.

More information is available by contacting Human Resources.

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# Welcome!

## Discover the Benefits of Belonging

As a Cornerstone Education Group employee, you are a member of a remarkable team of people dedicated to creating an educational experience for students in the Detroit area. And as a valued member of this team, Cornerstone Education Group provides you with a comprehensive health and wellness benefits package that includes a wide variety of valuable benefits to meet your needs:



### HEALTH & WELLNESS

- Medical
- Prescriptions
- Dental
- Vision
- Employee Assistance Plan
- Travel Assistance Plan
- Flexible Spending Accounts



### FINANCIAL PROTECTION BENEFITS

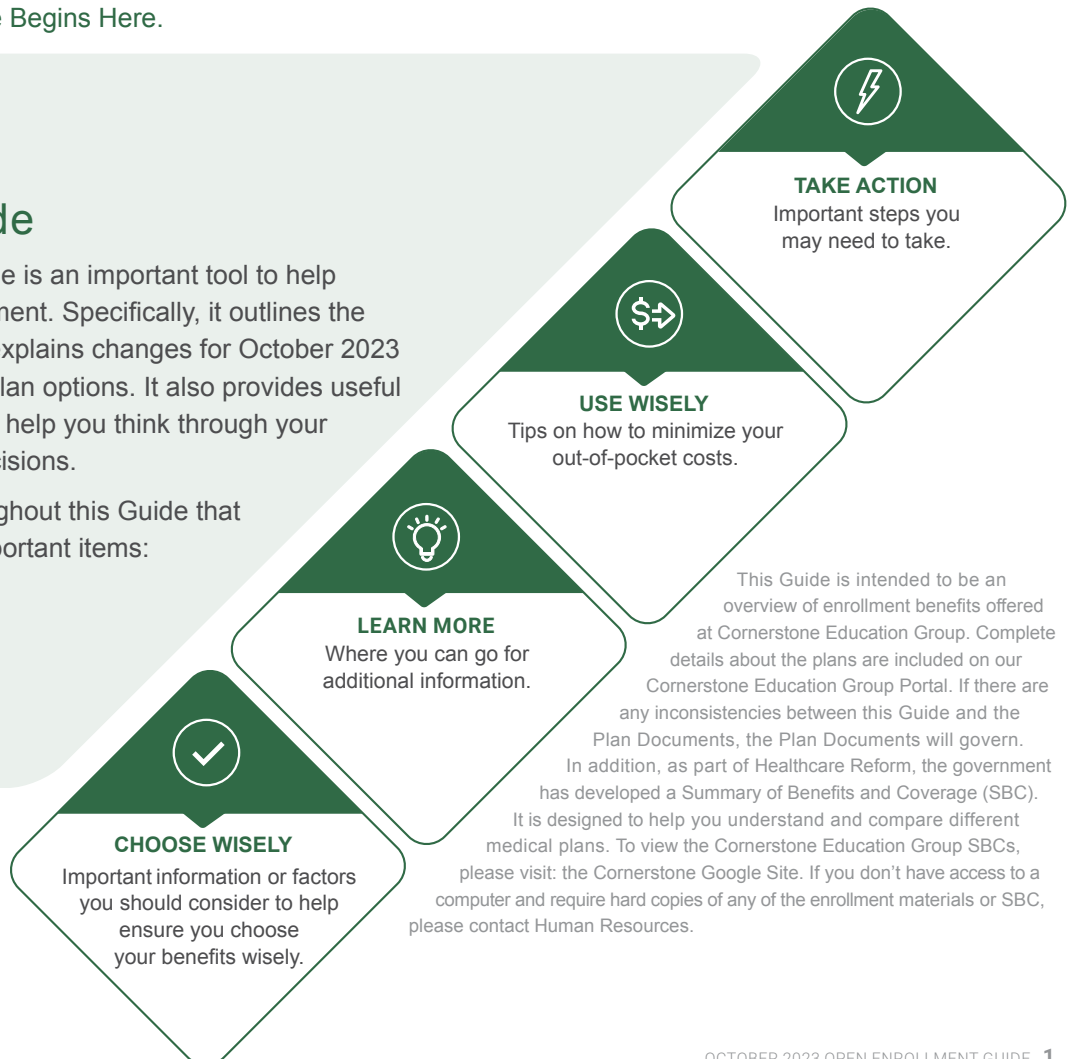
- Employer-Paid Basic Life and AD&D Insurance
- Employer-Paid Long Term Disability Protection
- Supplemental Employee and Dependent Life Insurance
- Short Term Disability and Buy-Up Short Term Disability
- Voluntary Accident
- Voluntary Critical Illness
- Voluntary Hospital Indemnity
- Identity Theft Protection

In return for offering these benefits, we simply ask that you commit to actively learning about them because The Cornerstone of Life Begins Here.

## About This Guide

This Open Enrollment Guide is an important tool to help ensure a successful enrollment. Specifically, it outlines the open enrollment process, explains changes for October 2023 and describes the benefit plan options. It also provides useful tools, tips and resources to help you think through your options and make wise decisions.

You'll notice symbols throughout this Guide that call attention to various important items:



This Guide is intended to be an overview of enrollment benefits offered at Cornerstone Education Group. Complete details about the plans are included on our Cornerstone Education Group Portal. If there are any inconsistencies between this Guide and the Plan Documents, the Plan Documents will govern. In addition, as part of Healthcare Reform, the government has developed a Summary of Benefits and Coverage (SBC). It is designed to help you understand and compare different medical plans. To view the Cornerstone Education Group SBCs, please visit: the Cornerstone Google Site. If you don't have access to a computer and require hard copies of any of the enrollment materials or SBC, please contact Human Resources.



# Your Checklist for a Successful Enrollment

## Step 1: LEARN

### About Your Options

- Read this Guide** and keep it handy so you can refer to it as needed.
- Ask Questions.** Contact Human Resources for answers to your questions, if needed.

## Step 2: PREPARE

### for Enrollment

- Consider your current benefit coverage and whether or not it will meet your needs for the upcoming year.** For example, are you expecting a major medical expense, such as childbirth or an elective surgery? Is your family financially protected if you can't work due to an accident or illness?
- Consider other available coverage.** If your spouse works and has access to benefits through his or her employer, carefully review the coverage available and compare it to Cornerstone Education Group's benefits to determine which plan best meets your needs.
- Gather information you'll need.** If you are adding dependents, you will need their dates of birth and Social Security numbers.

## Step 3: ENROLL

### Online

- Open Enrollment will be active, and take place from August 21st to August 30th. You will actively enroll for coverages in Prism.**
- If you plan to participate in the FSA, you MUST make your election in Prism.**
- Review your elections carefully before submitting.** This is one of the most important purchases you'll make; invest the time to do it thoughtfully.
- Print and save your confirmation statement for your records.**



TAKE  
ACTION

## Open Enrollment is August 21st to August 30th, 2023

**Open enrollment for October 2023 will be active, meaning you will need select all of your desired benefit coverages for 2023-2024 plan year. You will be using Prism to enroll for healthcare coverages, as well as your FSA elections if you participate.**

**If you do not currently have benefits and do not enroll by the deadline,** you will not have any benefit coverage for October 2023 (with the exception of benefits you do not pay for, like Basic Life).

Your next opportunity to enroll or make changes to your elections will be during the next open enrollment period — with elections effective October 1, 2024 — unless you have a qualifying event, such as a marriage or having a child.



# Changes for October 2023 Open Enrollment

| Benefit/Feature               | Description of What's Changing  |
|-------------------------------|---|
| Benefit Administration System | <ul style="list-style-type: none"><li>Cornerstone Education Group is excited to partner with Prism for payroll and managing your employee benefits.</li></ul>   |
| Vendor Partners               | <ul style="list-style-type: none"><li>Dental coverage will be changing to Delta Dental. There will only be one dental option for 2023, the PPO plan. The DHMO plan has been eliminated for 2023.</li></ul>  |
| Employee Contributions        | <ul style="list-style-type: none"><li>For October 2023, there will be no increase to your premium contributions (payroll deductions) for medical/Rx or vision, however, the dental contributions have changed. Payroll deductions are listed on page 4.</li></ul> |
| Mobile Apps                   | <ul style="list-style-type: none"><li>Many of the carriers offer mobile applications that can be downloaded directly to your phone for easy access.</li></ul>   |



# 2023 Employee Contribution Rates

Cornerstone Education Group continues to pay the majority of the cost of providing healthcare coverage to our employees and family members, however, employees share a portion of this cost through an “employee contribution.” Think of this as the benefit’s “price tag.”

The employee contribution amount varies based on the type of benefit and number of dependents being covered. This cost is automatically deducted from each paycheck throughout the year BEFORE taxes are taken out—a tax advantage for you!

The below employee contributions are semi-monthly, or deducted over 24 pay periods.

|                         | Employee Only | Employee + 1 | Employee + Family |
|-------------------------|---------------|--------------|-------------------|
| <b>MEDICAL COVERAGE</b> |               |              |                   |
|                         | Your Cost     | Your Cost    | Your Cost         |
| BCBS PPO 500            | \$177.10      | \$524.09     | \$676.97          |
| BCBS PPO 1000           | \$150.81      | \$461.02     | \$598.13          |
| BCN 500 HMO             | \$36.61       | \$190.67     | \$262.64          |
| BCN 1000 HMO            | \$21.24       | \$153.77     | \$216.51          |
| <b>DENTAL COVERAGE</b>  |               |              |                   |
| Delta Dental PPO        | \$7.17        | \$20.08      | \$3.85            |
| <b>VISION COVERAGE</b>  |               |              |                   |
| BCBSM VSP Vision Plan   | \$0.25        | \$1.35       | \$2.57            |

If you have medical coverage elsewhere, through a spouse, parent, etc., you can “opt-out” of CEG’s medical plan. If you chose to waive medical coverage, you will receive an annual bonus of \$1,250. **This bonus will be paid in installments of \$48.08 on your bi-weekly paycheck (over 26 pay periods).**



# Benefit Basics

## Eligibility

All full-time employees are eligible to enroll in Medical, Dental, Vision, and Voluntary Life plans. Employee Life/AD&D, Short Term Disability, and Long Term Disability benefits are fully covered by Cornerstone Education Group and automatically provided to all eligible employees.

## Payroll Deduction

Any benefit payment required by the employee is deducted through payroll. Employee contributions are deducted on a pre-tax basis for Medical, Dental and Vision plans. Voluntary benefit payments are made on an after-tax basis.

## Covering Dependents

Employees may enroll qualified dependents in certain benefit plans, as defined by the specific plan. Qualified dependents may include:

- Legal spouse
- **For Medical/Rx, dental, and vision**, legal children are covered up until the end of the calendar year in which they turn age 26 (No other criteria applies due to federal law changes)
- Voluntary Life (child) up to 19, then there are some exceptions if the child is in school (up to age 26)

## Effective Date

Elections made during annual open enrollment become effective October 1 of each year. For new hires, benefits begin on the first of the month following 30 days of active employment.

## Making Changes in Coverage

Under normal circumstances, employees may only change their benefit options during annual open enrollment, which typically is in the late summer. However, there are certain circumstances under which employees may change certain benefit elections and/or number of dependents covered under their benefit plan within 30 days of the event, subject to approval by the insurance provider:

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- Death of a dependent
- Spouse obtains or loses employment coverage
- Lose coverage under your parent's plan due to reaching age 26



# Health & Wellness Benefits

## Medical Coverage

Cornerstone Education Group offers a variety of medical plan options which vary based on where you live. All medical plans provide comprehensive medical coverage intended to:



Keep your health on track by offering fully-covered preventive care.



Be there for you when you're ill; covering a wide range of services, including comprehensive prescription drug coverage.



Protect you from the catastrophic financial effects of a serious illness or injury.



Give you access to a wide network of providers nationwide without referrals from a Primary Care Physician (PCP).



CHOOSE  
WISELY

## Telemedicine Access to Doctors 24/7/365

Whether you are at home, at work or traveling, Blue Cross Online Visits is an easy, convenient way to see a doctor at any time, from anywhere. It connects you to board-certified doctors by phone or online video chat. If you are enrolled in one of Cornerstone's plans, use Blue Cross Online Visits for minor, non-emergency conditions. The doctor will give you a diagnosis, and can even prescribe medications if needed.

Pre-register today!

- Mobile**  
Download the BCBSM Online Visits app
- Web**  
Go to [bcbsmonlinevisits.com](https://bcbsmonlinevisits.com)
- Phone**  
Call (844) 606-1608



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## Considerations When Choosing a Medical Plan

How do you choose which medical plan is best for you? Be sure to consider these factors:

- Payroll Contributions:** Do you want to keep your fixed costs (payroll deductions) as low as possible and pay more if and when you need medical care? Or do you prefer to pay more out of your paycheck if it means paying less at the time of care?
- Savings Opportunities:** Would you like the opportunity to save for future healthcare expenses and enjoy the tax advantages of a Flexible Spending Account (FSA)?
- Out-of-Pocket Expenses:** Compare the deductibles, coinsurance and maximums for each plan. Are you comfortable with potential out-of-pocket costs?
- Prescription Coverage:** Are you able to pay the full cost of your prescriptions until you meet the annual deductible?

**THE BOTTOM LINE:** The medical plan that is right for you and your family depends on a number of factors including the health of each of you, your age and your ability to self-direct savings for your medical expenses. Be sure to take the time to understand your medical history and future needs so you can choose the best plan for you!

## How the Medical Plans Work

The medical plan options are considered Preferred Provider Organizations (PPOs), which offer members a wide choice of providers through a national network. These providers have agreed to negotiated rates which translate to lower costs for members. Although you may visit any provider of your choosing, your costs will typically be lowest when you seek care from providers within the PPO Network.

Although all of the plans offer the same provider network and cover generally the same types of services, they differ in how they provide benefits. Let's take a look at how they work:

### Traditional PPO

- Some basic services require you to only pay a copay, after which the Plan pays the rest.
- Other services (i.e., hospital care) require you to meet a plan deductible first, after which the Plan covers a portion of the cost and you pay the remainder (called coinsurance).
- To help protect you from financial hardship, the Plan sets a maximum limit for various out-of-pocket costs (see page 9).

### Health Maintenance Organizations (HMOs) *Michigan Only*

When you enroll in an HMO plan, you'll select a Primary Care Physician (PCP) from a network of local healthcare providers. Your PCP will be the first point of contact for your healthcare. (One exception to this is that women don't need a referral to see an obstetrician/gynecologist, or OB/GYN, in their network for routine services such as pap tests, annual well-woman visits and obstetrical care.)

You are encouraged to build a strong relationship with your PCP because they will connect you to specialists or other healthcare providers when necessary. Your PCP will be able to see the total picture of your overall health. Together you can make the best decisions to manage your health and well-being, which includes your PCP making referrals to specialists.

Other characteristics of an HMO include:

- Won't cover out-of-network (including out-of-state) care, except in a true emergency.
- Your out-of-pocket medical costs and monthly premiums will generally be lower than with other types of plans. If you are someone who doesn't see a lot of specialists or would like having your care coordinated through a PCP, then you might save more money with an HMO plan.



## Comparing the Medical Plan Options

### Medical Coverage: Blue Cross Blue Shield Simply Blue PPO

|  | PPO 500                              | PPO 1000                       |
|--|--------------------------------------|--------------------------------|
| <b>Deductible</b>  |                                      |                                |
| Single   | \$500                                | \$1,000                        |
| Couple/Family  | \$1,000                              | \$2,000                        |
| <b>Coinsurance</b>   | After deductible:                    | After deductible:              |
| General Services   | You pay 20%                          | You pay 20%                    |
| Select Services  | You pay 50%                          | You pay 20%                    |
| Ambulance  | You pay 20%                          | You pay 20%                    |
| Diagnostic tests/x-rays  | You pay 20%                          | You pay 20%                    |
| <b>Copays</b>  |                                      |                                |
| Office/Online Visits   | \$20                                 | \$30                           |
| Specialist Visit   | \$40                                 | \$50                           |
| Emergency Room   | \$250                                | \$150                          |
| <b>Annual Coinsurance Maximum</b>  |                                      |                                |
| Single   | \$2,500                              | \$2,500                        |
| Couple/Family  | \$5,000                              | \$5,000                        |
| <b>Out-of-Pocket Annual Limits</b> <i>(applies to copay, deductibles, Rx amounts and coinsurance combined)</i> |                                      |                                |
| Single   | \$8,150                              | \$8,150                        |
| Couple/Family  | \$16,300                             | \$16,300                       |
| <b>Preventive Care</b>   | Plan pays 100%                       | Plan pays 100%                 |
| Immunization   | You pay 0%                           | You pay 0%                     |
| Maternity Prenatal Care  | (no deductible or copay/coinsurance) | (no deductible or coinsurance) |
| <b>Prescription Copay</b>  |                                      |                                |
| Generic  | \$10                                 | \$10                           |
| Formulary  | \$40                                 | \$40                           |
| Non-Formulary  | \$80                                 | \$80                           |

The above summary only shows the in-network coverage. Please review the BCBSM SBC and Benefits at a Glance for out of network coverage.

## Medical Coverage: BLUE CARE NETWORK HMO

|  | HMO 500                              | HMO 1000                             |
|--|--------------------------------------|--------------------------------------|
| <b>Deductible</b>  |                                      |                                      |
| Single   | \$500                                | \$1,000                              |
| Couple/Family  | \$1,000                              | \$2,000                              |
| <b>Coinsurance</b>   | After deductible:                    | After deductible:                    |
| Outpatient Surgery   | You pay 20%                          | You pay 20%                          |
| Select Services  | You pay 20%                          | You pay 20%                          |
| Inpatient Hospital Stay  | You pay 20%                          | You pay 20%                          |
| Ambulance  | You pay 20%                          | You pay 20%                          |
| Diagnostics Tests/X-rays   | You pay 20%                          | You pay 20%                          |
| <b>Copays</b>  |                                      |                                      |
| Office/Online Visits   | \$20                                 | \$20                                 |
| Specialist   | \$40                                 | \$40                                 |
| Emergency Room Visits  | \$250                                | \$250                                |
| <b>Coinsurance Maximum</b>   |                                      |                                      |
| Single   | \$2,500                              | \$2,500                              |
| Couple/Family  | \$5,000                              | \$5,000                              |
| <b>Out-of-Pocket Annual Limits</b> <i>(applies to copay, deductibles, Rx amounts and coinsurance combined)</i> |                                      |                                      |
| Single   | \$8,150                              | \$8,150                              |
| Couple/Family  | \$16,300                             | \$16,300                             |
| <b>Preventive Care</b>   | Plan pays 100%                       | Plan pays 100%                       |
| Immunization   | You pay 0%                           | You pay 0%                           |
| Maternity Pre-natal Care   | (no deductible or copay/coinsurance) | (no deductible or copay/coinsurance) |
| <b>Prescription Copay/Coinsurance</b>  |                                      |                                      |
| Generic  | \$4                                  | \$4                                  |
| Formulary  | \$40                                 | \$40                                 |
| Non-Formulary  | \$80                                 | \$80                                 |

### Other Features:

- BCN Plan does not have Out-of-Network coverage.
- BCN members must choose a Primary Care Physician (PCP) at the time of enrollment.
- Most specialist services require a PCP referral, except for OB/GYN.
- Coverage will end for children at the end of the year in which they turn age 26.




## Prescription Coverage

All three medical plan options offer prescription drug coverage. Though the types of prescriptions covered are similar between the three plans, the way you pay for your prescriptions differs among them.

## How Cost Sharing Works

### Under the PPO and HMO Plans

- You simply pay a flat dollar copay at the time you pick up your prescription and the Plan pays the rest.
- You do not need to meet a separate deductible first.

 None of the plans cover prescriptions purchased outside the BCBSM Pharmacy Network. In this case, you would be responsible for paying the full cost of the prescription.



## Prescription Tiers

Medications are placed in tiers of copays based on drug cost, safety and effectiveness and if a generic equivalent is available. These tiers also factor into your copay costs.

### TIER 1

**GENERICS**—Basically copies of brand name medications, with most having the same quality, active ingredients, strength and dose as the name brand counterpart.

### TIER 2

**PREFERRED NAME BRAND MEDICATIONS**—An alternative group of preferred medications in the event generics are not available. Note: If a generic alternative is available and you decide to purchase the brand name instead, you will be responsible for paying a higher, brand name drug copay plus the full cost difference between the brand name and generic prescription.

### TIER 3

**NON-PREFERRED NAME BRAND MEDICATIONS**—These do not meet the Plan's preferred drug criteria and therefore are more expensive. This tier usually includes new drugs, non-FDA approved drugs and experimental drugs.

For a list of the prescriptions found under each tier, please visit [www.bcbsm.com](http://www.bcbsm.com).



CHOOSE  
WISELY

## No-Cost Prescriptions

Did you know there are numerous preventive prescription medications covered at 100 percent by the Plan, such as smoking cessation medications, contraceptives and certain vitamins and supplements? See a complete list of these preventive prescriptions by visiting [www.bcbsm.com](http://www.bcbsm.com).



## Filling Your Prescriptions

All of the medical plans use the same pharmacy network and offer two convenient ways to fill and purchase your prescriptions:



Through a network retail pharmacy

- Common option for one-time or short-term fills



Through the convenience of mail order delivered to your home or office

- Good option for recurring, long-term prescriptions (i.e., blood pressure, asthma, etc.)
- Discount price—receive a three-month's supply for the cost of just two copays, rather than three copays.



USE  
WISELY

### Save Time and Money: Mail-Order Feature

Do you have medications that you take regularly? If so, you could have lower out-of-pocket costs and greater convenience by having your prescriptions filled by mail through Optum Rx.

By choosing mail-order, you can receive a three-month's supply at your home or office for the cost of just two copays, rather than three copays.

It's easy to get started with mail order prescriptions, and once you're set up, your refills can be ordered online, by mail or by fax. Just call the toll-free member phone number on your health plan member ID card.

#### The Mail-Order Advantage

- Maximum convenience and peace of mind
- 24/7 access to Optum Rx Pharmacists
- Save money with lower total copays
- Pay after your medicine ships
- Free shipping with online tracking





## Dental Coverage

Regular dental care is important to your overall health. A routine dental exam can help identify many diseases—including heart disease, diabetes, anemia, stomach ulcers and kidney disease. It also can save you money by catching a minor dental issue before it becomes a major one.

Cornerstone Education Group offers you and your eligible dependents comprehensive dental coverage through Delta Dental. Although your coverage allows you to see any dental provider, you will pay less out-of-pocket when seeing a participating Delta Dental provider.



### NO DENTAL ID CARD NEEDED!

You won't need a dental insurance ID card. If you prefer one, however, just register online at <https://www.deltadental.com/> and then download and print your card.



### TAKE ACTION

Find a Delta Dental Provider

Visit

<https://www.deltadental.com/us/en/member/find-a-dentist.html>

## Dental Coverage: Delta Dental PPO

|                                     | PPO Dentist                    | Non-Participating Dentist             |
|-------------------------------------|--------------------------------|---------------------------------------|
| Deductible                          | Per Member: \$0                | Per Member: \$50<br>Family Max: \$150 |
| Preventive                          | 100% covered                   |                                       |
| Basic                               | Plan pays: 90%<br>You pay: 10% | Plan pays: 75%<br>You pay: 25%        |
| Major                               | Plan pays: 60%<br>You pay: 40% | Plan pays: 50%<br>You pay: 50%        |
| Orthodontics                        | Plan pays: 50%<br>You pay: 50% | Plan pays: 50%<br>You pay: 50%        |
| Maximum Benefits (for Orthodontics) | \$1,200 lifetime               |                                       |
| Maximum Benefits                    | \$1,750 plus Maximum Roll Over |                                       |

\*Dependents are eligible for dental coverage to end of the year 26.

## Vision Coverage

Vision coverage is provided through the BCBSM Vision Service Plan (VSP) and covers eyeglasses and contact lenses for you and your eligible dependents. You'll have lower out-of-pocket costs when you visit a VSP-network provider. If you visit an out-of-network provider, your copays will be significantly higher and you will need to file your own claims.



### NO VISION ID CARD NEEDED!

A separate vision insurance ID card is not necessary. At your appointment, simply tell your provider you have VSP coverage.



### TAKE ACTION

## Find a VSP Vision Provider

Visit [www.VSP.com](http://www.VSP.com) or  
call (800) 877-7195

## Vision Coverage: VSP NETWORK

|   | In-Network Member Cost   | Out-of-Network Reimbursement  |
|---|--|---|
| Exam<br>(one pair per 12 months)                                | \$10 copay   | Reimbursement up to \$45 less \$10 copay (member responsible for any difference)  |
| Frames<br>(one pair per 12 months)                              | \$200 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$15 copay (one copay applies to <b>both</b> lenses and frames) | Reimbursement up to \$70 less \$15 copay (member responsible for any difference)  |
| Standard Plastic Lenses<br>(one pair per 12 months)             | \$15 copay   | Member responsible for difference between approved amount and provider's charge, after \$15 copay   |
| Contact Lenses-Materials Only<br>( <i>elective</i> )            | \$15 copay and \$200 allowance (including exam)  | \$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance) |
| Contact Lenses-Materials Only<br>( <i>medically necessary</i> ) | \$0 copay; 100% covered  | Reimbursement up to \$210 less \$15 copay (member responsible for any difference)   |



### LEARN MORE

## Interested in Vision Discounts and Savings?

Find out how you can save on non-covered lens options and sunglasses. Plus, learn about the Laser Vision Correction Program. Visit [www.vsp.com](http://www.vsp.com) for more details.



### CHOOSE WISELY

## Reduce Your Out-of-Pocket Vision Expenses

Consider setting aside pre-tax money in the Healthcare Flexible Spending Account to pay for vision copays and other eligible out-of-pocket vision costs. See the next page for details.



# Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) make it easy to pay for eligible healthcare and daycare expenses. You simply set aside pre-tax dollars with convenient payroll deductions and then submit your eligible expenses for reimbursement from the FSA. It's that easy.

## Your FSA Options

1

### Healthcare FSAs



#### Traditional Healthcare FSA

For eligible **medical, prescription, dental and vision expenses** for you and your family—such as copays, deductibles and other out-of-pocket costs.

2

### Dependent Care FSA



#### Dependent Care FSA

Used for eligible **child and certain adult daycare expenses**. Note: This is **not** a medical expense account for your dependents.

## 5 Things to Know about FSAs

1

**It's like getting a pay raise.** Since contributions are deducted from your pay before taxes are taken out, that's like keeping approximately 28% in your paycheck!

2

**"Use it or lose it rule."** Participants in Healthcare FSAs to carry over up to \$610 of their remaining balance for use the following year. However, this is not so for the Dependent Care FSA; any remaining balance is forfeited and will NOT carry over.

3

**Access full amount of funds right away.** With a Healthcare FSA, you can request reimbursement for up to the full annual contribution amount for the year, even if you haven't contributed the full amount yet. With a Dependent Care FSA, you can only request reimbursement when you have enough funds in your account.

4

**Reimbursement is easy.** Use your FSA debit card or submit reimbursements online, by fax or through the mail. You can also set up a direct deposit for more convenient reimbursements.

5

**You must re-enroll annually.** The law doesn't allow you to carry over your participation from year to year.

# Getting Started with FSAs



## Step 1: Estimate Your Needs

- Estimate your out-of-pocket healthcare and/or dependent care expenses for the year.
- Decide how much you are able to contribute to the FSAs to cover these expenses.

For more information on FSAs, please visit [www.optumbank.com](http://www.optumbank.com)



## Step 2: Elect Your Contribution Amount

You may elect to contribute\*:

- Healthcare FSAs: up to \$3,050 per year.
- Dependent Care FSA: up to \$5,000 per year.

You cannot change your contribution amount throughout the year (unless you have a qualifying life event) so plan carefully!



## Step 3: Use/Manage Your FSA

- Use your FSA debit card at the time of an FSA-eligible expense.
- Or, pay out-of-pocket and submit the reimbursement form via online, fax or mail.

Incur 2023 expenses by:  
Sep. 30, 2024  
Submit 2023/2024 expenses by:  
Dec. 31, 2024

\* Note: The IRS may change the contribution limit during the enrollment period.

## Managing Your FSA

To manage your account online, learn about your account features (such as setting up direct deposit) and to access helpful “how to” guides, go to: [optumfinancial.com](http://optumfinancial.com).



CHOOSE  
WISELY

### Is the FSA a Wise Choice For You?

Consider These Questions:

- *Do you expect to meet your healthcare deductibles next year?*
- *Do you anticipate any large medical, dental or vision expenses next year?*
- *Remember, over-the-counter medicines are not reimbursable through FSAs unless you have a prescription.*
- *How much do you pay for daycare? Does the dependent care tax credit cover the full cost of your daycare expenses?*
- *Will your daycare needs change next year? If not, will the rates be the same?*

## Employee Assistance Program (EAP)

Ability Assist will provide you and your family with confidential assistance and extra support to help you with a variety of work-life issues 24 hours per day, seven days a week and 365 days per year.

In today's fast-paced world, juggling the demands of work and your personal life can feel overwhelming. Fortunately, the EAP can help by providing confidential, professional support, education and referral services—at no charge to you! You and your family members can receive up to three face-to-face visits (per person, per issue, per calendar year) with behavioral health experts for support related to:

- ✓ Balancing work and family
- ✓ Stress and anxiety
- ✓ Job-related concerns
- ✓ Marital or parenting problems
- ✓ Financial concerns (unlimited access to on-staff financial experts for debt management, credit problems, estate planning, etc.)
- ✓ Child or adult care issues and referrals
- ✓ Alcohol or substance abuse
- ✓ Depression and grief
- ✓ Online personal health information, news, resources and tools



### TAKE ACTION

#### The Ability Assist EAP is offered through The Hartford:

For access over the phone 1 (800) 96-HELPS

Or visit: [www.guidanceresources.com](http://www.guidanceresources.com)

First Time Users - Click on Register Tab

1. In the Organization Web ID Field, enter: HLF902
2. In the Company Name field at the bottom of personalization page enter: ABILI
3. After selecting "Ability Assist program", create your confidential user name and password.



### EAP is Confidential

Don't let privacy concerns get in the way of seeking support. No one (including other family members, coworkers, your manager or anyone else at Cornerstone Educational Group) will know that you used EAP services, unless you provide written consent.

## Travel Assistance through The Hartford

24/7 services anywhere in the world

If you are covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Generali Global Assistance, Inc. Generali Global assistance will help you with pre-trip information, emergency medical assistance, or personal assistance services while traveling.

### Have a serious medical emergency?

Call: 1 (800) 243-6108

What to have ready:



- Employer's name
- Phone number you can be reached
- Nature of Problem
- Travel Assistance ID number: GLD-09012
- Policy Number: TBD

## Identity Theft Assistance through The Hartford

If you are covered under a Hartford Group Policy, you have access to Identity Theft Protection provided by Generali Global Assistance, Inc.

General Global Assistance provides identity theft prevention education, advice, and help with administrative tasks resulting from identity theft, including:

- Preventive Services: Education and Identity Theft Resolution Kit
- Detection Services: fraud alert to three credit bureaus
- Resolution guidance and assistance: review credit information, ID Theft Affidavit Assistance, card replacement
- Personal Services: translation, emergency cash advance



# Financial Protection Benefits

## Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

*(For full-time employees only)*

**Basic Life Insurance and AD&D** is paid for by Cornerstone Educational Group and offers financial protection for your survivors in the event of your death or serious injury as a result of an accident while employed at Cornerstone Educational Group. The benefit amount is equal to 1x your annual earnings, up to a maximum of \$750,000.



**TAKE  
ACTION**

### Protect Your Family: Choose a Beneficiary

Be sure to designate the person you would like to receive your Life and AD&D benefits in the event of your death. Complete the form and submit it to Human Resources.

## Short Term Disability (STD)

*(For full-time employees only)*

This benefit protects you and your family by replacing a portion of your income in the event you must take a leave of absence from work due to a disabling injury or illness

- Benefit: 60% of weekly earnings up to \$1,000
  - + 1st day injury and 8th day illness elimination period
  - + 13-week benefit duration

## Long Term Disability (LTD)

*(For full-time employees only)*

- Benefit: 60% of monthly earnings up to \$5,000 maximum/month.
  - + 90-day elimination period.
  - + Benefit payable to later of age 65 or SSN Retirement Age (as defined by the 1983 revision of the US Social Security Act).
- Limitations: Pre-existing condition exclusion whereas the patient is treated within the three months prior to their effective date.



# Supplemental Life Insurance

(For full-time employees only)

|                     | Employee Supplemental Life   | Spouse Supplemental Life  | Child(ren) Supplemental Life |
|---------------------|--|---|------------------------------|
| Eligibility         | All employees working at least 30 hours per week   | You must be enrolled in Employee Supplemental Life to enroll spouse and/or children in Supplemental Life programs |                              |
| Benefit Amount      | Lesser of 5x base salary or \$500,000  | 50% of employee elected and approved supplemental life insurance up to \$250,000                                  | Flat \$10,000                |
| Coverage Increments | Purchase in \$10,000 increments  | Purchase in \$5,000 increments  | \$10,000                     |
| EOI Requirement*    | Elections over \$100,000 or late entrants subject to approval                                    | Elections over \$30,000 or late entrants subject to approval  | N/A                          |
| Other               | Conversion options when insurance terminates<br>Special rules apply to employees age 65 and over | Special rules apply to spouses of employees age 65 and over   | N/A                          |

\*Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. The completed EOI application requires review and approval by the insurance company before coverage becomes effective. You are a "late entrant" if you enroll beyond your initial eligibility.

## Supplemental Life Costs

If you would like coverage for yourself beyond what is provided to you by Cornerstone Educational Group, or coverage on your spouse or child(ren), you may choose to purchase Supplemental Life insurance at the costs shown below. Supplemental life/AD&D is employee-paid post tax and based on the current age of the employee or spouse for corresponding benefit, per \$1,000.



CHOOSE WISELY

### Is Supplemental Life Insurance or AD&D Coverage a Wise Choice For You?

How much do you need in addition to the Basic Life Insurance and AD&D benefit? Consider this:

- What personal financial resources does your family have (a spouse's income, savings, Social Security benefits, retirement benefits) to rely on in the event of serious illness/injury or your death?
- What outstanding debts (mortgage, credit card bills, loans) would your family have if you, your spouse or dependent dies?
- What would be your beneficiary's future financial needs (funeral expenses, child care, education, or basic living expenses)?

| Age      | Employee & Spouse Supplemental Life | Age     | Employee & Spouse Supplemental Life |
|----------|-------------------------------------|---------|-------------------------------------|
| under 25 | \$0.05                              | 50 – 54 | \$0.31                              |
| 25 – 29  | \$0.06                              | 55 – 59 | \$0.43                              |
| 30 – 34  | \$0.06                              | 60 – 64 | \$0.52                              |
| 35 – 39  | \$0.09                              | 65 – 69 | \$0.75                              |
| 40 – 44  | \$0.13                              | 70 -74  | \$1.35                              |
| 45 – 49  | \$0.20                              | 75 +    | \$3.80                              |

| Child(ren) Life |                                 |
|-----------------|---------------------------------|
|                 | \$0.753 per \$1,000 of coverage |

| Supplemental AD&D |                              |
|-------------------|------------------------------|
| Employee          | \$0.015 per \$1,000          |
| Spouse            | \$0.015 per \$1,000 coverage |
| Child             | \$0.283 per child unit       |

## Additional Voluntary Benefits

### Buy-Up Short Term Disability (STD)

You may purchase additional Short Term Disability coverage to supplement the Cornerstone paid Short Term Disability benefit. The Buy-Up STD benefit is equal to 70% of weekly earnings up to a maximum of \$1,500.

### Accident Insurance

Cornerstone Educational Group's medical plan provides benefits to help with medical costs if an insured suffers an accidental injury. Personal Accident Insurance provides additional on & off job cash benefits regardless of any other insurance. Cash benefit examples include:

|                            |                    |
|----------------------------|--------------------|
| Accident Follow-up         | \$100 per accident |
| Daily Hospital Confinement | \$400 per day      |
| Diagnostic Exam            | \$300 per accident |
| Physician Office Visit     | \$100 per accident |
| Urgent Care                | \$150 per accident |
| X-Ray                      | \$150 per accident |
| Dislocation                | Up to \$8,000      |
| Fracture                   | up to \$10,000     |
| Laceration                 | up to \$1,000      |

Accident rates per pay:

|                     |         |
|---------------------|---------|
| Employee Only       | \$5.50  |
| Employee & Spouse   | \$8.65  |
| Employee & Children | \$9.27  |
| Employee & Family   | \$14.56 |

### Hospital Indemnity

Hospital Indemnity insurance provides a schedule of benefits for hospital confinement. Injury and illness events are covered for both on and off-job coverage (24 hour coverage). Payments examples include:

**First Day Hospital Confinement:** \$1,000 per year

**Daily:** \$150 up to 90 days per year

**ICU Confinement:** \$300 up to 30 days per year.

Hospital Indemnity rates per pay:

|                     |         |
|---------------------|---------|
| Employee Only       | \$8.25  |
| Employee & Spouse   | \$15.95 |
| Employee & Children | \$14.21 |
| Employee & Family   | \$22.89 |

### Critical Illness

Provides cash to help cover expenses, medical or otherwise, that result from a covered critical illness. If an insured is diagnosed with a critical illness and approved for benefits, there's no need to continually submit receipts to prove that care was received. Rates are age based as well as tobacco-dependent in amounts of \$10,000 or \$20,000. Covered critical illnesses include:

- Invasive cancer
- Non-invasive cancer
- Heart attack, heart failure/transplant, stroke
- Coma, end stage renal failure
- Advanced Multiple Sclerosis, Advanced Parkinson's, Advanced Alzheimers

Critical Illness Rates per pay for \$10,000 non-tobacco coverage:

| Age   | Employee | Employee & Spouse |
|-------|----------|-------------------|
| <25   | \$3.26   | \$6.53            |
| 25-29 | \$4.09   | \$8.13            |
| 30-34 | \$4.62   | \$9.16            |
| 35-39 | \$6.00   | \$11.88           |
| 40-44 | \$8.47   | \$16.85           |
| 45-49 | \$13.21  | \$26.61           |
| 50-54 | \$18.43  | \$37.58           |
| 55-59 | \$25.48  | \$52.46           |
| 60-64 | \$36.79  | \$76.18           |
| 65-69 | \$51.78  | \$106.83          |
| 70-74 | \$72.79  | \$150.08          |
| 75-79 | \$99.28  | \$203.76          |
| 80+   | \$121.09 | \$248.10          |

See benefit summary for full detailed rates on the \$20,000 benefit election, tobacco and non tobacco rates, and child and family tiers.

## Retirement Savings Plan

Cornerstone offers a Cornerstone Education Group 403(b) Plan that allows employees to make before-tax or Roth contributions to a retirement savings account.

Employees normally working more than 20 hours per week are eligible to make deferrals into the plan and receive an employer match immediately upon date of hire. You may change, stop, or initiate your deferral amount at any time of the year.

If you work less than 20 hours per week, but obtain a year of service with 1000 hours worked in the preceding 12 month period, then you will be eligible for the plan upon one year of service.

- Cornerstone Education Group will match you 50% on the first 8% you defer into the plan. Meaning if you put in 8% the organization will match you 4!
- Per the IRS you may personally defer up to \$22,500 in either pre-tax or Roth dollars in 2023. If you turn 50 or older at any point in 2023 then you may defer an additional \$6,500 catch-up contribution. Employer contributions are not included in these limits.
- Cornerstone feels so strongly about helping you prepare for retirement that we automatically increase your deferrals 1% at the beginning of each school year (typically around August 24th) until you reach a personal deferral rate of 12% of your compensation.

Cornerstone partially offsets both recordkeeping and investment advisory fees in this plan that otherwise are typically charged to your account.



# Required Notices

Cornerstone Educational Group provides you with important information regarding your rights and benefits while participating in the benefit program. Please take a moment to review the following notices included in this packet.

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning in 2014, there is 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.

### 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.

The 2023 open enrollment period for health insurance coverage through the Marketplace is each fall (dates have not been released). Individuals must enroll or change plans prior to Dec. 15, 2023, for coverage starting as early as Jan. 1, 2024. After Jan. 31, 2024, you can get coverage through the Marketplace for 2024 only if you qualify for a special enrollment period or are applying for Medicaid or the Children’s Health Insurance Program (CHIP).

**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 9.83 percent of your household income for the year (9.61 percent for 2023), 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. (An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

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 Cornerstone Educational Group HR.

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, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



## HIPAA – Special Enrollment Rights

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require Cornerstone Educational Group to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice, contact Cornerstone Educational Group HR department.

## Women's Health and Cancer Rights Act of 1998

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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Plan deductibles and coinsurance may apply. If you would like more information on WHCRA benefits, contact the Cornerstone Educational Group HR.

## Newborns' and Mothers' Rights Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Uniformed Services Employment and Reemployment Rights Act (USERRA)

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

## GINA Notice

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## 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).

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 July 31, 2023.

**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](mailto:CustomerService@MyAKHIPP.com)Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>**ARKANSAS – Medicaid**Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA - Medicaid**

Health Insurance Premium Payment (HIPP) Program

Website: <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: [hipp@dhcs.ca.gov](mailto: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://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>

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**GA HIPP Website: <https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

**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/medicaida-to-z/hipp>

HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

**KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment

Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: [KIHIPPROGRAM@ky.gov](mailto:KIHIPPROGRAM@ky.gov)KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>**LOUISIANA – Medicaid**Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)**MINNESOTA – Medicaid**Website: <https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp>

Phone: 1-800-657-3739

**MISSOURI – Medicaid**Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

**MONTANA – Medicaid**Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)**NEBRASKA – Medicaid**Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

**NEVADA – Medicaid**Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE - Medicaid**

Website: <https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext.5218

**NEW JERSEY - Medicaid and CHIP**

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

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid**

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

**VERMONT– Medicaid**

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid**

Website: <https://dhhr.wv.gov/bms/>

<http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor****Employee Benefits Security Administration**

[www.dol.gov/agencies/ebsa](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



## Medicare Part D – Creditable Coverage

### Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with Cornerstone Educational Group and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Cornerstone Educational Group has determined that the prescription drug coverage offered by the PPO and HSA plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Cornerstone Educational Group coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Cornerstone Educational Group coverage, be aware that you and your dependents will not be able to get this coverage back.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cornerstone Educational Group and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice or Your Current Prescription Drug Coverage

Contact your Cornerstone Educational Group HR department for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Cornerstone Educational Group changes.

You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

## For More Information About Medicare Prescription Drug Coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# COBRA Continuation Coverage Rights

## Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs.

Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

# What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;

- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Cornerstone Educational Group HR department.

### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of

hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.



## Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

(Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## Plan contact information

Please contact the Cornerstone Educational Group HR.