We are required to give you the following notices regarding Medicare and health insurance:

1. Your Prescription Drug Coverage and Medicare:
   Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Battle Creek Public Schools and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.
   There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

   a. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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.

   b. Battle Creek Public Schools has determined that the prescription drug coverage offered by the MESSA is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage. Individual’s can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.
You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you decide to enroll in a Medicare prescription drug plan your Battle Creek Public Schools prescription drug coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Battle Creek Public Schools coverage, be aware that you and your dependents will not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

A description of the prescription drug coverage provided by your MESSA insurance offered by Battle Creek Public Schools can be found on the Battle Creek Public Schools website, www.battlecreekpublicschools.org and on the MESSA website, www.messa.org. Prescription drug coverage information is also available from the Battle Creek Public Schools’ Human Resources Office. Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with Battle Creek Public Schools and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay.

You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll. For more information about this notice or your current prescription drug coverage, contact Natalie Vickery, Human Resources Assistant for Battle Creek Public Schools for further information at (269) 965-9472. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through MESSA changes. You also may request a copy.

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 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (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 Battle Creek Public Schools coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Battle Creek Public Schools 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 Battle Creek Public Schools and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...
Contact the person listed below 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 Battle Creek Public Schools 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
- 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, 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).

Date: May 4, 2015
Name of Entity/Sender: Natalie Vickery
Contact--Position/Office: Human Resources Assistant/Benefits Coordinator
Address: 3 West Van Buren St., Battle Creek, MI 49017
Phone Number: (269)965-9472

2. Special Enrollment Events/Changes in Family Status: All employees may make changes to their health insurance benefits annually, during open enrollment, which is held in May of each year. If you decline coverage for yourself and/or your dependents (including your spouse) when you first become
eligible for insurance or during open enrollment because you are covered by another health insurance plan, you may be able to enroll yourself or your dependents in this plan in the future. If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your dependents provided that you request enrollment within 30 days after the event. These events are referred to as changes in “family status.” In addition, if you were to lose coverage, you must request enrollment within 30 days after the coverage ends and if the event qualifies as a “family status” change. When you become enrolled as the result of a Special Enrollment Event, coverage will be made effective on the date of the event.

3. **Newborn’s and Mother’s 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 normal 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 physician, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, health plan providers may not require that a provider obtain authorization for prescribing a hospital length of stay of less than 48 hours (or 96 hours).

4. **Women’s Health & Cancer Rights Act:** If you receive plan benefits in connection with a mastectomy, you are entitled to coverage for the following under the plan:
   a. Reconstruction of the breast on which the mastectomy was performed
   b. Surgery and reconstruction of the other breast to produce a symmetrical appearance
   c. Prostheses and treatment for physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes)

The plan will determine the manner of coverage in consultation with you and your attending doctor. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan. If you would like further information about the Women’s Health & Cancer Rights Act, please contact MESSA member services at 800-336-0013 or Natalie Vickery at 269 965-9472 or nvickery@battle-creek.k12.mi.us if you have any questions or concerns regarding this information.

5. **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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.
Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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, 2013. You should contact your State for further information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>Medicaid</td>
<td><a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a></td>
<td>1-855-692-5447</td>
</tr>
<tr>
<td>ALASKA</td>
<td>Medicaid</td>
<td><a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a></td>
<td>1-888-318-8890</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>CHIP</td>
<td><a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a></td>
<td>1-877-764-5437</td>
</tr>
<tr>
<td>IDAHO</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a></td>
<td>1-800-926-2588</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Medicaid</td>
<td><a href="http://www.colorado.gov/">http://www.colorado.gov/</a></td>
<td>1-800-866-3513</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Medicaid</td>
<td></td>
<td>1-800-221-3943</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>Medicaid</td>
<td><a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a></td>
<td>1-877-357-3268</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>Medicaid</td>
<td><a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a></td>
<td>1-800-869-1150</td>
</tr>
<tr>
<td>MONTANA</td>
<td>Medicaid</td>
<td></td>
<td>1-800-694-3084</td>
</tr>
</tbody>
</table>

Website: http://www.medicaid.alabama.gov
Phone: 1-855-692-5447

Website: http://www.colorado.gov/
Medicaid Phone (In state): 1-800-866-3513
Medicaid Phone (Out of state): 1-800-221-3943

Website: http://www.azahcccs.gov/applicants
Phone (Outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

Website: https://www.flmedicaidtplrecovery.com/
Phone: 1-877-357-3268

Website: http://dch.georgia.gov/
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 1-800-869-1150

Website: http://www.medicaid.idaho.gov
CHIP Website: www.medicaid.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
Medicaid Phone: 1-800-926-2588

Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Phone: 1-800-694-3084
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td><a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a></td>
<td>1-800-889-9949</td>
</tr>
<tr>
<td>Nebraska</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></td>
<td>1-800-383-4278</td>
</tr>
<tr>
<td>Iowa</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a></td>
<td>1-800-792-4884</td>
</tr>
<tr>
<td>Nevada</td>
<td><a href="http://dwss.nv.gov">http://dwss.nv.gov</a></td>
<td>1-800-992-0900</td>
</tr>
<tr>
<td>Kentucky</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>1-800-635-2570</td>
</tr>
<tr>
<td>Maine</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>609-631-2392</td>
</tr>
<tr>
<td>Massachusetts</td>
<td><a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
<td>1-800-462-1120</td>
</tr>
<tr>
<td>New York</td>
<td><a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
<td>1-800-541-2831</td>
</tr>
<tr>
<td>Maine</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>609-631-2392</td>
</tr>
<tr>
<td>Massachusetts</td>
<td><a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
<td>1-800-462-1120</td>
</tr>
</tbody>
</table>
Website: http://www.dhs.state.mn.us/
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3629

Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

**MISSOURI** – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

**NORTH DAKOTA** – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

**OKLAHOMA** – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

**UTAH** – Medicaid and CHIP
Website: http://health.utah.gov/upp
Phone: 1-866-435-7414

**OREGON** – Medicaid and CHIP
Website: http://www.oregonhealthykids.gov
http://www.hijossaludablesoregon.gov
Phone: 1-800-699-9075

**VERMONT** – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

**PENNSYLVANIA** – Medicaid
Website: http://www.dpw.state.pa.us/hipp
Phone: 1-800-692-7462

**VIRGINIA** – Medicaid and CHIP
Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.famis.org/
CHIP Phone: 1-866-873-2647

**RHODE ISLAND** – Medicaid
Website: www.ohhs.ri.gov
Phone: 401-462-5300

**WASHINGTON** – Medicaid
Website: http://hrsa.dshs.wa.gov/premiumytm/Apply.shtm
Phone: 1-800-562-3022 ext. 15473
<table>
<thead>
<tr>
<th>SOUTH CAROLINA – Medicaid</th>
<th>WEST VIRGINIA – Medicaid</th>
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<tbody>
<tr>
<td>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></td>
<td>Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a></td>
</tr>
<tr>
<td>Phone: 1-888-549-0820</td>
<td>Phone: 1-877-598-5820, HMS Third Party Liability</td>
</tr>
<tr>
<td>SOUTH DAKOTA - Medicaid</td>
<td>WISCONSIN – Medicaid</td>
</tr>
<tr>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a></td>
</tr>
<tr>
<td>Phone: 1-888-828-0059</td>
<td>Phone: 1-800-362-3002</td>
</tr>
<tr>
<td>TEXAS – Medicaid</td>
<td>WYOMING – Medicaid</td>
</tr>
<tr>
<td>Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a></td>
<td>Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a></td>
</tr>
<tr>
<td>Phone: 1-800-440-0493</td>
<td>Phone: 307-777-7531</td>
</tr>
</tbody>
</table>

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

**U.S. Department of Labor**
Employee Benefits Security Administration
[www.dol.gov/ebsa](http://www.dol.gov/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

OMB Control Number 1210-0137