



# Employee Benefits Guide

# 2025



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## Welcome to Your Benefits

As a Prescott College employee, we value your contribution to our organization. This guide describes your benefit options and coverages provided to you as an employee of Prescott College. This guide will help you and your family understand your benefits better and make an informed decision about your benefits package. Prescott College will continue to provide comprehensive and affordable coverage for all eligible full-time employees.

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# Enrollment & Eligibility

All full-time employees who work 30 hours or more are eligible to enroll in Prescott College's benefits. Benefits are available to you and your dependents from the first day following 14 days of continued service. Prescott College allows you to pay your premiums on a pre-tax basis. Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period unless you experience a qualifying event.

**OPEN  
ENROLLMENT  
DATES ARE**

**11.01.2024  
through  
11.30.2024**

## Eligible Dependents Include:

- Your legal spouse or domestic partner
- Your children up to age 26
- Children of any age who are disabled

## When to Enroll

- After 14 days of continuous service
- During the annual benefit open enrollment period
- Within 30 days of experiencing a Qualifying Event

## How to Enroll

- You will use [www.prescottcollegebenefits.com](http://www.prescottcollegebenefits.com) to complete your benefit elections if you are a new hire, when experiencing a change mid-year, and/or during the annual open enrollment period.
- Company Key Code: benefits
- New employee or never logged in: Select 'register', input your SSN, DOB, and zip code.



## EXAMPLES OF A QUALIFYING EVENT

- Marriage
- Divorce
- Death
- Birth of a child
- Adoption
- Termination
- New Employment
- Judgments or orders
- Qualified Medical Child Support Order (QMCSO)
- The loss of coverage
- Change in Status



You may be required to provide proof of eligibility for your dependents such as a copy of a birth certificate, marriage certificate, court order, or any other qualifying legal document.

# Medical Benefits

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Prescott College has partnered with Blue Cross Blue Shield to provide you comprehensive and affordable health care options. There are two plan options to choose from: an HSA Savers Plan and a PPO Plan. Before looking at your plan options, let's go over some basic terms to help you choose the best coverage for you and your dependents.



## PPO Plan

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A PPO Plan has the largest range of providers to choose from. PPO Plans typically have higher premiums, but the plan pays a higher level of benefits only when you see in-network providers.

### Deductible

Your deductible is a one-time fee on a calendar year basis that must be met before your health insurance begins to pay. Your deductible is 100% your responsibility.

### Coinsurance

This is the percentage of a covered health care expense that you pay, usually after you've met your deductible. For example, if the plan pays 80% of an expense, the other 20% is your coinsurance.

### Copay

A fixed amount you pay for a covered health care service, usually when you receive the service.

### Out-of-Pocket Maximum

Your out-of-pocket maximum is the most you will pay within a given calendar year. After your out-of-pocket maximum has been met, you are covered at 100%.

# Medical Benefits

Here is an overview of your 2025 coverage options offered through Blue Cross Blue Shield. For more details, refer to the benefit summary or visit the portal at carrier [www.azblue.com](http://www.azblue.com).

Services	BCBS HSA Saver Plan		BCBS PPO \$750 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (Single • Family)	\$3,300 • \$6,600	\$5,000 • \$10,000	\$750 • \$1,500	\$2,000 • \$4,000
<b>Coinsurance</b>	10% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Out-of-Pocket Maximum</b> (Single • Family)	\$4,500 • \$9,000	\$10,000 • \$20,000	\$4,500 • \$9,000	\$10,000 • \$20,000
<b>Office Visits</b> (Primary • Specialist)	10% after deductible	40% after deductible	\$35 • \$55	40% after deductible
<b>Preventive Care</b>	100% covered	40% after deductible	100% covered	40% after deductible
<b>Diagnostic Services</b> Lab & X-Rays Specialty Scans (MRI/PET/CT)	10% after deductible	40% after deductible	Office Visit Copay 20% after deductible	40% after deductible
<b>Inpatient Services</b>	10% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Outpatient Services</b>	10% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Urgent Care</b>	10% after deductible	40% after deductible	\$50 copay	40% after deductible
<b>Emergency Room</b>	10% after deductible		\$300 copay	
<b>Prescription Coverage</b>	In Network Benefits			
<b>Prescription Drugs*</b> (Tier 1 • Tier 2 • Tier 3)	10% after deductible	40% after deductible	\$10 • \$30 • \$50	
<b>Specialty</b>	10% after deductible	Not Covered	\$30 • \$60 • \$90 • \$120	Not Covered
<b>Mail Order</b> (90 day supply) (Tier 1 • Tier 2 • Tier 3 • Tier 4)	10% after deductible	40% after deductible	\$20 • \$60 • \$100	Not Covered

\* Retail Prescription Drug prices are based on a 30-day supply.

Tier 1 (Generic) Tier 2 (Preferred) Tier 3 (Non-preferred) Tier 4 (Non-preferred)



# Medical Benefits

## Telehealth Benefits

BlueCare Anywhere allows you to make virtual doctor visits from the comfort of your own home. Virtual visits are with a board-certified doctor who are available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability.

BlueCare Anywhere doctors or therapists can help treat the following conditions and more: allergies, asthma, cold, flu, UTI, anxiety, and depression. BlueCare Anywhere doctors can prescribe medications to be picked up to a pharmacy convenient for you.



Virtual Visits are for non-emergency medical issues and behavioral health needs only.  
*Please call 9-1-1 if you experience a life-threatening emergency.*

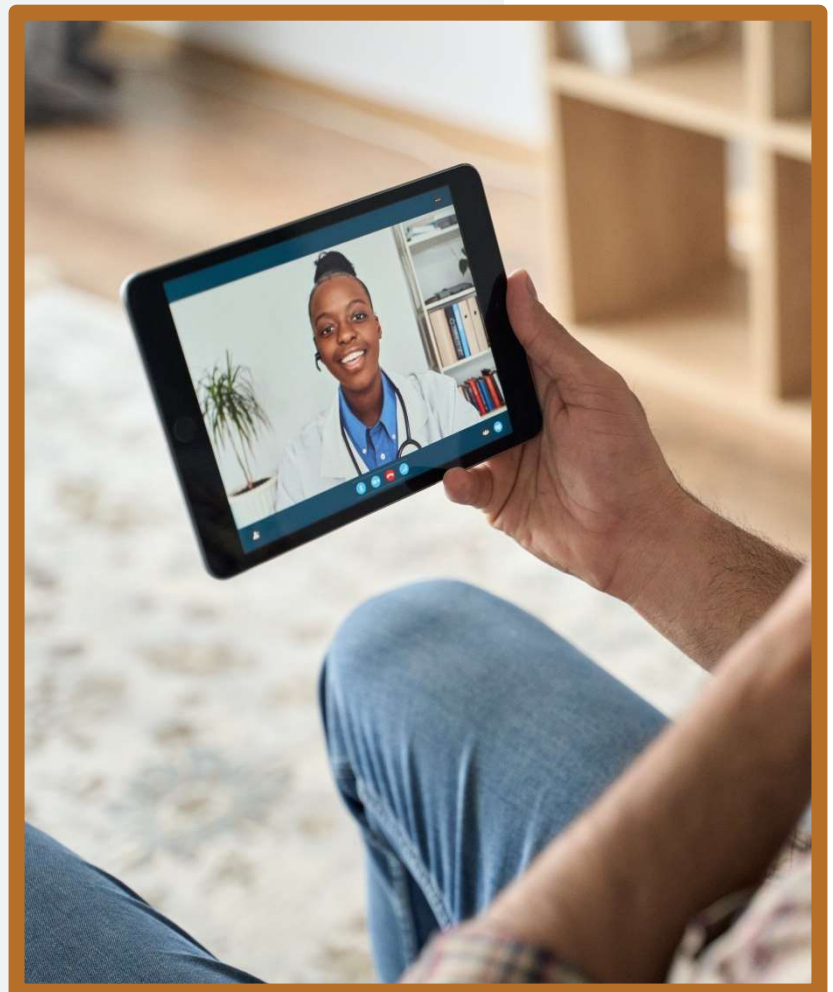
### Visit the website

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

- Choose a doctor
- Video chat with the doctor
- You can also access through [www.azblue.com](http://www.azblue.com)

### Mobile app:

- Download the BlueCare Anywhere app from the Apple App Store or the Google Play Store
- Open the app and choose a doctor
- Video chat with the doctor from your mobile device



# Health Savings Account

## What is a Health Savings Account?

A Health Savings Account (HSA) is an account that is funded with pre-tax dollars by you. These funds can be used to help pay for eligible health care expenses not covered by your insurance plan including deductible and coinsurance. The account belongs to you, which means you take it and the current balance with you if you change health plans, get a new job, or retire.

## What can I use my HSA for?

- Office visits
- Prescription medications
- Surgery, lab work, and radiology
- Dental – including orthodontia
- Vision – including corrective glasses and contacts

## MAXIMUM CONTRIBUTIONS IN 2025

<b>Individual</b>	<b>\$4,300</b>
<b>Family</b>	<b>\$8,550</b>

**Ages 55+ can contribute an additional \$1,000**



## Key Advantages of an HSA:

1. The HSA provides a way to save for current and future health care expenses – with tax advantages along the way.
2. Your individual HSA contributions can be tax-free up to the IRS annual maximum, which reduce your current taxable income.
3. Earnings on contributions (through interest and investments in the HSA account) can be tax-free.
4. The money withdrawn from your HSA for qualified health care expenses is tax free. It is not subject to the “use it or lose it” rule. The funds remain in the account until withdrawn; there must be a balance in the account to withdraw funds.
5. The account belongs to you; you take it with you if you change jobs, change your health plan, retire, or change employment status without losing the money or the account.
6. The money is yours to keep and spend on qualified health care expenses at any time for you, your spouse, and dependent children; even if they are not enrolled on your medical, dental, or vision plan.

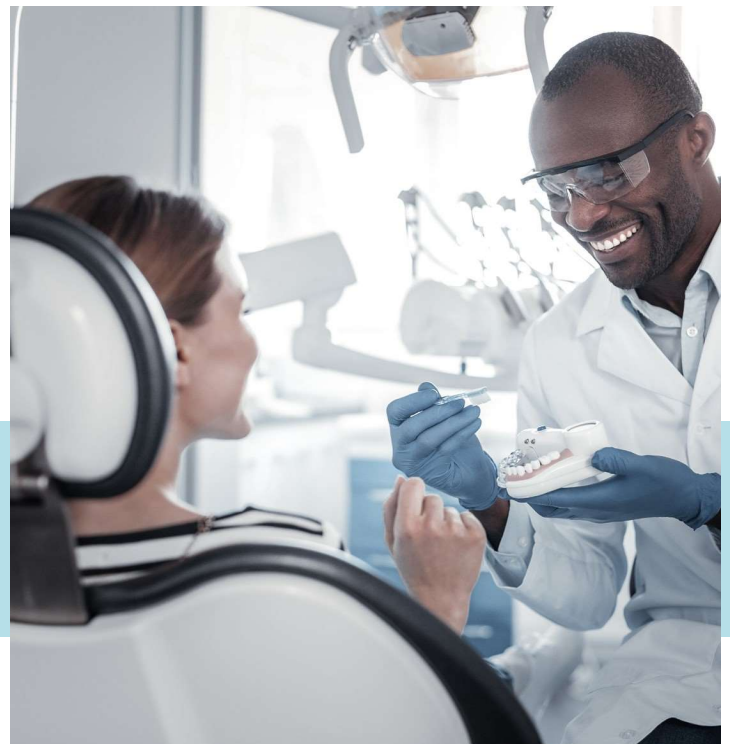
## You cannot have an HSA if:

- You are covered by another health plan (including the Prescott College PPO 750 Plan, Medicare, Medicaid, or TRICARE).
- You are claimed as a dependent on someone else’s tax return.
- You or your spouse are enrolled in a Health Care FSA.
- You have received Veteran’s Affairs benefits within the past three months.

# Dental Benefits

Dental coverage is offered through Principal. Below is an overview of your in-network coverage options for the 2025 plan year. Please refer to the Benefit Summary or visit the carrier portal at [www.principal.com](http://www.principal.com).

Services	Low Plan (Ortho for Children under 19 only)		High Plan (Ortho for You and your dependents)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (Single • Family)	\$50 • \$150	\$50 • \$150	\$50 • \$150	\$50 • \$150
<b>Annual Maximum Benefit</b>	\$1,500 per person	\$1,500 per person	\$2,000 per person	\$2,000 per person
<b>Preventive Services</b>	100% covered	100% covered	100% covered	100% covered
<b>Basic Services</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Major Services</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Orthodontia Services</b>	50% up to a lifetime maximum of \$1,250	50% up to a lifetime maximum of \$1,250	50% up to a lifetime maximum of \$2,000	50% up to a lifetime maximum of \$2,000



Login to your member portal at [www.principal.com](http://www.principal.com) to find a provider in your network.



# Vision Benefits

Vision coverage is offered with VSP through Principal. Below is an overview of your plan options for the 2025 plan year. Please refer to the Benefit Summary or visit the carrier portal at [www.principal.com](http://www.principal.com).

Services	VSP Vision Care	
	In-Network	Out-of-Network
<b>Exam</b>	\$10 copay	Up to \$45
<b>Lenses</b> Single Bifocal Trifocal Lenticular	\$10 copay	\$30 \$50 \$65 \$100
<b>Frames</b>	\$150 allowance + 20% off balance	Up to \$70
<b>Elective Contacts</b> Fit & follow up	Up to \$60 + \$150 allowance	Up to \$105
<b>Medically Necessary Contacts</b>	\$10 copay	Up to \$210
<b>Frequency</b>		
<b>Exam</b>	Once every 12 months	
<b>Lenses</b>	Once every 12 months	
<b>Frames</b>	Once every 12 months	
<b>Contacts</b>	Once every 12 months	



Login to your member portal at [www.vsp.com](http://www.vsp.com) to find a provider in your network.



# Flexible Spending Account

## What is a Flexible Spending Account?

A Flexible Spending Account (FSA), also known as a reimbursement account, allows you to pay for a variety of out-of-pocket health care and dependent care expenses with pre-tax dollars. The accounts are administered by HR Pro. You will be able to charge all your qualified expenses on one debit card in addition to submitting claims for reimbursement. Prescott College Health Care and Dependent Care Reimbursement Accounts allow you to use tax-free dollars to reimburse yourself for a wide variety of health and dependent care expenses that aren't covered through your other benefit plans.

## Health Care FSA

Health care expenses for yourself and your dependents—such as deductibles, coinsurance, and copays—are eligible for reimbursement from your Health Care account.

## Rules And Regulations – Plan Carefully

Plan your annual Flexible Spending Account (FSA) contribution amounts carefully; the election you make when you enroll is binding for the entire plan year unless you have a qualifying status change. Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs:

If you incur fewer expenses than you expected to your Health FSA at the end of the plan year (December 31, 2024), you will have a 2.5-month extension period to incur additional eligible expenses. **Any money remaining in the account when the extension period ends on March 15, 2025, is forfeited; this is the “use-it or lose-it” rule.**

You can only make changes to your health care FSA and Dependent Care FSA contribution amounts with a qualified status change. These include but are not limited to: marriage, divorce, death of a spouse or dependent, change from part-time to full-time, termination of spouse's employment or unpaid leave of absence.

## Dependent Care FSA

Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care account if you incur them while you and your spouse work or attend school full-time. The annual election maximum amount is \$5,000 for the plan year.

## MAXIMUM CONTRIBUTIONS IN 2025



**Health Care      \$3,300**

**Dependent Care   \$5,000**

# Life and AD&D Insurance

## Basic Life and AD&D Insurance

Prescott College provides both Basic Life Insurance, and Accidental Death and Dismemberment (AD&D) insurance at no cost to you. These coverages are provided through Principal and are for all full-time employees working a minimum of 30 hours per week. All benefit eligible employees will receive a Basic Life and AD&D benefit as follows:

- Basic Life Benefit Amount: \$15,000
- AD&D Benefit Amount: \$15,000
- benefits reduce by 25% at age 65 with an additional 25% reduction at age 70



Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away. Accidental Death & Dismemberment (AD&D) insurance provides your beneficiaries a lump sum payment if you pass away as a direct result of an injury/accident while employed by Prescott College.

## Voluntary Life and AD&D Insurance

As an additional benefit to employees, Prescott College offers employees the opportunity to elect voluntary life insurance for themselves and dependents at discounted group pricing with convenient payroll deductions.

**Note:** Dependents are eligible for voluntary life only when the employee elects coverage for self. Spouse voluntary life premiums are based upon the spouse's age.

Type of Coverage	Amount	Maximum Amount	Guaranteed Issue*
Employee	Choice of \$10,000 Increments	\$500,000	Under 70: \$140,000 Over 70: \$10,000
Spouse	Choice of \$5,000 Increments	\$200,000	Under 70: \$50,000 Over 70: \$10,000
Child(ren)	Increments of \$5,000 up to a maximum of \$20,000. Dependent children are eligible from age 14 days to 26 years. Dependent children under 14 days old receive a \$1,000 benefit.		



# Disability Benefits

## Short-Term Disability

Provides income to you in the event that a qualifying disability or sickness causes you to be absent from work.

- 100% employer paid
- **Elimination Period:** 15 days for illness
- **Elimination Period:** 15 days for accident
- **Maximum Benefit:** 11 weeks, employees will receive a benefit of 60% of their weekly pay up to \$1,500 per week.



## Long-Term Disability

Intended to protect your income for a long duration after you have depleted short-term disability.

- 100% employer paid
- **Elimination Period:** 90 Days
- **Benefit:** 60% monthly base pay to a monthly maximum amount of \$6,000

New Hires can enroll in the voluntary long term disability plan without providing evidence of insurability. If you enroll in voluntary long-term disability outside of your new hire window, you will need to provide evidence of insurability.



### Why does Short- and Long-Term Disability matter?

It is insurance that replaces a portion of your earnings if you are unable to work due to a non-work-related illness or injury. This benefit is designed to replace your income while you are absent from work.

Please review the benefit summaries for any pre-existing condition requirements.



## Additional Benefits

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### Employee Assistance Program

Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being and ability to focus on what's important. That's when you can pick up the phone and speak confidentially to a master's level consultant who can help.

The Employee Assistance Program (EAP) is arranged through SupportLinc. The EAP offers confidential support to help you meet life's challenges. A simple phone call connects you with a team of experienced professionals ready to assist you with a wide range of personal, family, and work issues. The EAP is available 24 hours a day, 7 days a week and includes face-to-face counseling visits, an unlimited number of phone consultations, assistance with financial and legal matters, and referrals to community resources. (Limitations may apply.) You are automatically enrolled in the plan and this benefit is provided at no cost to you.

- SupportLinc.com
- Username: Prescott
- Text 'SUPPORT' to 51230
- 888.881.LINC (5462)



### Sharecare Wellness Program

This program is only available to the following

- Employees electing one of the BCBS Medical Plans
- Spouse/Partner of employee electing one of the BCBS Medical Plans

Register at [azblue.sharecare.com](https://azblue.sharecare.com)



### Naturopathic Benefits

Per Pay Period Cost: \$3.69 per number of people enrolled

- Reimbursement is 75% per claim
- Subject to a maximum of \$300 annually

## Payroll Deductions

The table below shows how much will be deducted from your paycheck for the benefits you elect. These numbers show possible Medical, Dental, and Vision premiums that are deducted per pay period.

### Medical

	BCBS HSA Saver Plan	BCBS PPO \$750 Plan
Employee	\$35.08	\$66.51
Employee + Spouse	\$154.41	\$200.16
Employee + Children	\$147.15	\$191.16
Employee + Family	\$246.20	\$314.55

### Dental

	Low Plan	High Plan
Employee	\$7.12	\$8.99
Employee + Spouse	\$16.88	\$21.28
Employee + Children	\$20.84	\$26.80
Employee + Family	\$30.26	\$38.74

### Vision

	Plan Name
Employee	\$1.74
Employee + Spouse	\$5.52
Employee + Children	\$5.73
Employee + Family	\$9.12

## Contact Information

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### MEDICAL

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Blue Cross Blue Shield of Arizona  
Group #026426  
800.232.2345  
www.azblue.com

### NURSE ON CALL

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Blue Cross Blue Shield of Arizona  
Group #026426  
800.232.2345  
www.azblue.com

### DENTAL

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Principal  
Group #1050118  
800.247.4695  
www.principal.com

### VISION

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VSP Vision Care  
Group #1050118  
800.877.7195  
www.vsp.com

### LIFE INSURANCE

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Principal  
Group #1050118  
800.245.1522  
www.principal.com

### DISABILITY INSURANCE

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Principal  
Group #1050118  
800.245.1522  
www.principal.com

### HSA

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HSA Bank  
800.357.6246  
www.hsabank.com

### FSA

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HR Pro  
800.989.8776  
accounts@hrpro.com

### EAP

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SupportLinc  
Username: Prescott  
888.881.LINC (5462)  
www.supportlinc.com

### HUMAN RESOURCES

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Susan Krause  
Director of Human Resources  
928.350.4200  
HR@Prescott.edu

### BROWN & BROWN

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Michelle Comorre  
Account Manager  
928.776.2702  
benefitsdesk@bbrown.com



This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.



# Important Notices

1/1/25

## Prescott College, Inc.

**Mailing Address** 220 Grove Avenue  
Prescott, AZ 86301

**Contact Name** Susan Krause

**Contact Title** Director of Human Resources

**Contact Email:** Susan.Krause@prescott.edu

**Contact Phone:** (928)350.4200

**Your Medicare Part D Notice is located on page 2 of this packet.** Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed above.



# Important Notice from Prescott College, Inc. About Your Prescription Drug Coverage and Medicare, Creditable Coverage, Prescott College Welfare Benefit Plan.

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

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## 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 coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

## 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 this plan 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...

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).**

Or contact the person listed below.

**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 **Prescott College, Inc.** changes. You also may request a copy of this notice at any time.

**Effective Date:** 1/1/25

**Employer Name:** Prescott College, Inc.

**Contact Name/Title:** Susan Krause  
Director of Human Resources

**Address:** 220 Grove Avenue  
Prescott, AZ 86301

**Phone:** (928)350.4200

**Email:** [Susan.Krause@prescott.edu](mailto:Susan.Krause@prescott.edu)

# Model General Notice of COBRA Continuation Coverage Rights

**\*\* Continuation Coverage Rights Under COBRA\*\***

## 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 [choose and enter appropriate information: must pay or aren't required to 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 to the person listed under the “Plan Contact Information, at the end of this notice, along with supporting documentation of the qualified life event.

### 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. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]

#### 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, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), 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).

## Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

## 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

Prescott College, Inc.  
ATTN: Susan Krause  
220 Grove Avenue  
Prescott, AZ, 86301  
[Susan.Krause@prescott.edu](mailto:Susan.Krause@prescott.edu)  
(928)350.4200

## Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

### Loss of Other Coverage

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

### Marriage, Birth or Adoption

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

### Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see

cover page for contact information).

## Newborns' and Mothers' 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

## Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

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 genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

## Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

## Women's Health and Cancer Rights Act

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). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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. Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

### **Michelle's Law**

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover

page for contact information).

### **Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)**

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: <http://www.dol.gov/vets/programs/userra/main.htm>

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: <http://www.dol.gov/vets>  
An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>





# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### 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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Susan Krause at (928)350.4202 or [Susan.Krause@prescott.edu](mailto:Susan.Krause@prescott.edu).

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

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

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

<b>3. Employer Name</b> Prescott College, Inc.		<b>4. Employer Identification Number (EIN)</b> 86-0294012	
<b>5. Employer address</b> 220 Grove Avenue		<b>6. Employer phone number</b> (928)350.4200	
<b>7. City</b> Prescott	<b>8. State</b> AZ	<b>9. Zip Code</b> 86301	
<b>10. Who can we contact about health coverage at this job?</b> Susan Krause			
<b>11. Phone number (if different from above)</b>		<b>12. Email address</b> Susan.Krause@prescott.edu	

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

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
  - Some employees. Eligible employees are: full-time, working 30 hours/week or more
  
- With respect to dependents:
  - We do offer coverage. Eligible dependents are: your legal spouse, regardless of gender, and your natural, step or adopted children until the end of the month in which they reach age 26.
  - We do not offer coverage.
  
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

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

# Your Information. Your Rights. Our Responsibilities.

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

## Effective Date: 1/1/25

Privacy Officer: Susan Krause  
Title: HR Director  
Email: Susan.Krause@prescott.edu  
Phone: 928.350.4200

## Your Rights

*You have the right to:*

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

*You have some choices in the way that we use and share information as we:*

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

*We may use and share your information as we:*

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

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

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve

shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

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

In these cases, you have both the right and choice to tell us to:

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

## Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

## Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

## Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

## Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*
- How else can we use or share your health information?
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

## Do research

- We can use or share your information for health research.

## Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions

such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticcepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticcepp.html).

## Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

# 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, 2024. Contact your State for more information on eligibility –

ARIZONA - Medicaid	
Website: <a href="https://www.healtharizonaplus.gov/">https://www.healtharizonaplus.gov/</a> Phone: 1-855-HEA-PLUS (432-7587)	
ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>

<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center:  1-800-221-3943/State Relay 711  CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>  CHP+ Customer Service: 1-800-359-1991/State Relay 711  Health Insurance Buy-In Program  (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>  HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a>  Phone: 1-877-357-3268</p>
<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>



MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>            Phone: 1-800-657-3672</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>            Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>            Phone: 603-271-5218            Toll free number for the HIPP program: 1-800-852-3345, ext. 15218            Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>            Phone: 1-800-356-1561            CHIP Premium Assistance Phone: 609-631-2392            CHIP Website:  <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>            CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>            Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>            Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>            Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/childrens-health-insurance-program">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)**  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## Notice Regarding Wellness Programs

Sharecare Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Prescott College, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Sharecare Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, a doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Susan Krause at (928)350.4202 or [Susan.Krause@prescott.edu](mailto:Susan.Krause@prescott.edu).

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