

# 2020 Benefit Summary



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

## Benefits Overview

**Savoy Medical Center** recognizes the importance of providing quality benefits at reasonable costs to all employees, and we have worked very hard in putting together an attractive package of benefit offerings to try to meet all of your needs.

This year there are some changes to the benefit package being offered to eligible employees.

### Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Death of a dependent

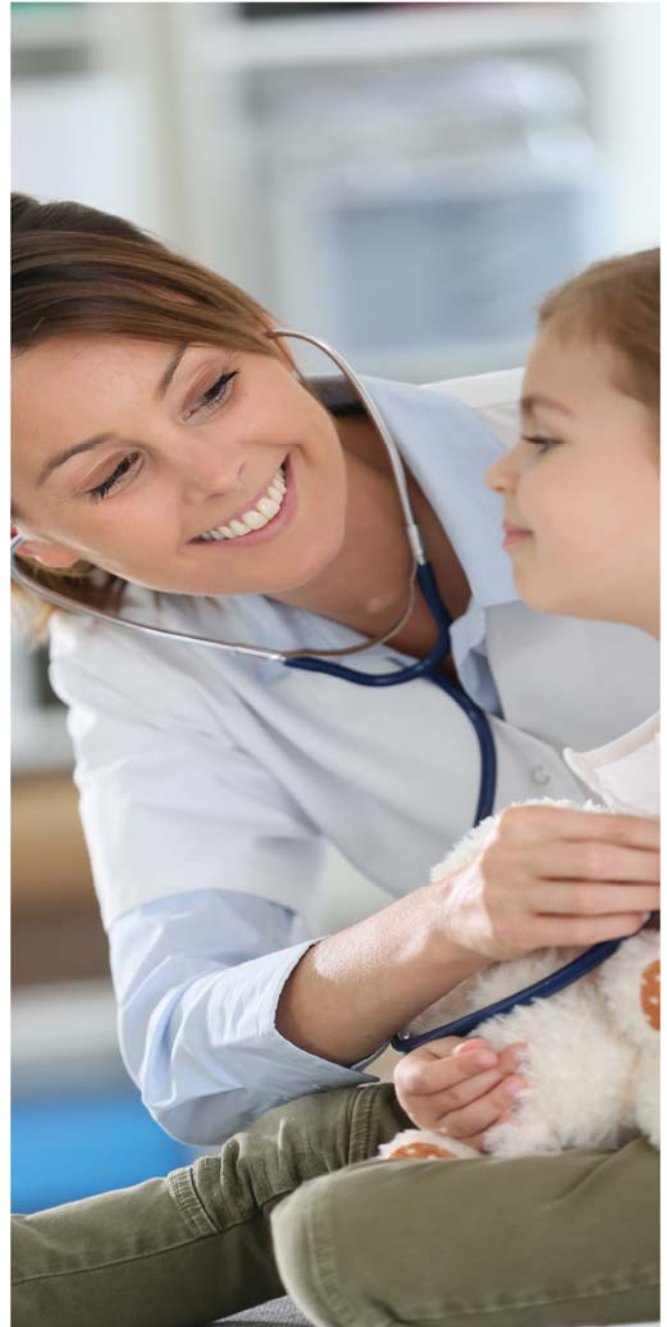
### Eligibility

Benefits will begin the **1st of the month following 30 days of full-time employment for salary and hourly employees** working a minimum of 30 hours per week. Some benefits allow you to enroll your eligible dependents, which include:

- Your legal spouse
- Your children, by birth, adoption, or legal ruling, up to age 26 regardless of student, marital, military or employment status.
- Disabled children of any age.

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### What Will It Cost?

Savoy Medical Center is committed to offering you comprehensive benefits at a fair cost. View page 9 & 10 for more information about your costs for coverage.



## Medical and RX Coverage Dual Coverage

You have a choice of two medical plans through BLUE CROSS BLUE SHIELD OF LA - the **Default** and **Buy Up plan**. Review the chart below for the amount you will pay for the medical service listed.

	Plan Option 1: Default		Plan Option 2: Buy Up	
	In Network	Out of Network	In Network	Out of Network
<b>Annual Deductible</b> (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$500/\$1,500	\$1,000/\$3,000
<b>Member Coinsurance</b>	20% after Ded	40% after Ded	20% after Ded	40% after Ded
<b>Annual Out-of-pocket Maximum</b> (Individual/Family)	\$5,250/\$10,500	\$10,500/\$21,000	\$3,750/\$7,500	\$7,500/\$15,000
<b>Preventive Care</b>	FREE	60%	FREE	60%
<b>Office Visits</b>				
Quality Blue Primary Care	\$25 Co-pay/visit	60% after Ded	\$15 Co-pay/visit	60% after Ded
Primary Care	\$40 Co-pay/visit	60% after Ded	\$40 Co-pay/visit	60% after Ded
Urgent Care	\$55 Co-pay/visit	60% after Ded	\$55 Co-pay/visit	60% after Ded
Specialist	\$55 Co-pay/visit	60% after Ded	\$55 Co-pay/visit	60% after Ded
<b>Emergency Room</b>	80% after deductible (waived if admitted)		80% after deductible (waived if admitted)	
<b>Hospital Services</b>				
Outpatient Facility	80% after Ded	60% after Ded	80% after Ded	60% after Ded
High & Low Tech Imaging	80% after Ded	60% after Ded	80% after Ded	60% after Ded
Inpatient	80% after Ded	60% after Ded	80% after Ded	60% after Ded
<b>Prescription Drug Benefit</b>				
Drug Deductible	\$250		\$250	
Tier 1: Value Drugs	\$15 Co-pay		\$15 Co-pay	
Tier 2: Brand Name Drugs	\$40 Co-pay		\$40 Co-pay	
Tier 3: Primarily Brand Name/ Some Generic/ Compound Drugs	\$70 Co-pay		\$70 Co-pay	
Tier 4: Specialty Drugs	Plan: 90%/ member: 10%; \$150 max		Plan: 90%/ member: 10%; \$150 max	

### Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to [www.bcbsla.com](http://www.bcbsla.com) or call the **1-800 number on the back of your ID card** to find providers in the BLUE CROSS network.



## Dental Benefits

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright with **Savoy Medical Center's** dental benefit plan. Savoy Medical Center is continuing to offer your dental plan through DELTA DENTAL.

Dental Plan Information Summary (with Ortho) DELTA DENTAL		
Annual Deductible	\$50 individual ( 3 per family)	
Annual Maximum Benefit	\$1,000 per Plan Member	
Covered Services		
Preventive Services	Basic Services	Major Services
Covered at 100% (Deductible does not apply)	80% Coinsurance after Deductible	50% Coinsurance after Deductible
Diagnostic & Preventive Sealants Space Maintainers	Basic Restorative Oral Surgery Simple Extractions Endodontics Surgical Periodontics Non-Surgical Periodontics	Major Restorative Prosthodontics— Fixed & removable Denture repair
Orthodontic Services		
Dependent Children to age 19 50% Coinsurance, Deductible does not apply Separate Lifetime Maximum: \$1,500		

### Dental Late Entrant Rule

Employees and/or dependents enrolling within 31 days of a new hire's eligibility date, within 31 days of a qualifying event, or during any Open Enrollment period are **NOT** considered "Late Entrants". If employees and/or dependents **DO NOT** enroll in the plan within the first 31 days after the eligibility date they are considered to be "**Late Entrants**" and the following **restrictions apply**:



### Finding In-network Dentists

You pay less for services when you use a dentist in the CARRIER network. You can find an in-network dentist by visiting [www.deltadentalins.com](http://www.deltadentalins.com) or calling 800-422-4234 or 800-521-2651.

## Vision Benefits

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Keep your eyes healthy with **Savoy Medical Center's** vision benefit plan will continue to be offered through DELTA DENTAL (GVS, POWERED BY EYEMED VISION CARE). An employee's decision to elect Vision or not elect Vision must be retained until the next plan's Open Enrollment period. If the employee elects not to enroll in vision coverage, they are not eligible to enroll until the plan's next Open Enrollment Period.

Vision Plan Information Summary Delta Dental (GVS, Powered by EyeMed Vision Care)			
Frequency	Covered Services	In-Network Copays & Allowances	Out-of-Network Allowances
12 months	<b>Eye Exam</b>	<b>\$10 Copay</b>	Up to \$32
24 months	<b>Eyeglass Frames</b>	<b>\$150 Wholesale Allowance</b> Additional 20% off balance over allowance	Up to \$66
12 months	<b>Eyeglass Lenses</b> Single Vision Bifocal Trifocal Standard Scratch Polys Child	<b>\$25 Copay</b> Covered by Copay Covered by Copay Covered by Copay Covered by Copay Covered by Copay	Up to \$30 Up to \$45 Up to \$75 Up to \$12 Up to \$32
12 months	<b>Contact Lenses</b> (in lieu of Eyeglass Frames & Lenses) Elective Medically Necessary	<b>\$150 allowance (15% discount)</b>  Covered in full up to \$250	Up to \$120  Up to \$200

### Finding In-network Eye Doctors

You can find an in-network eye doctor in the CARRIER network by visiting [www.groupvisionservice.com](http://www.groupvisionservice.com).



## Life and Voluntary Insurance

Savoy Medical Center provides all full-time employees **Basic Life** and Accidental Death & Dismemberment benefit at **no cost to the employees**. That benefit is equivalent to your basic annual earnings. Employees who want to purchase additional life insurance coverage can do this through Hartford's **Voluntary Life** insurance program. You can enroll in the following options (see rate sheet in packet for premium amounts):

Covered Member	Benefit Amount
Employee	Increments of \$10,000 up to a max of the lesser of 5x earnings or \$500,000
Spouse	\$150,000 Guaranteed issue—no medical questions necessary up to this amount  Increments of \$5,000 to a max of \$250,000, not to exceed 50% of employee amount
Child(ren)	\$5,000 increments to a max of \$10,000 (not to exceed 50% of employee's optional amount)
*See policy for rates and additional information on Portability	

### Evidence Of Insurability (Answer Medical Questions) Will be Required in the Following Situations

- Exceeding the Guarantee Issue Amount: Any amount above the guarantee issue amount will require evidence of insurability.
- Late Applicants: Employees who enroll for any contributory Life coverage more than 31 days after the date they are first eligible, elect to increase their coverage, were previously declined for coverage, provided incomplete information, or, have applied for and received and accelerated death benefit payment will be required to provide evidence of insurability.
- Increases in Coverage: Employees who are currently enrolled for Optional or Dependent Life are allowed to increase the coverage by one level without having to provide evidence of insurability, provided the increase does not exceed the guarantee issue amount.
- Reinstatement of Coverage: Employees who voluntarily cancel Optional or Dependent Life will be required to provide evidence of insurability if coverage is again requested.
- Rehired Former Employees: If an employee is rehired after having terminated their employment, they will be subject to the same evidence of insurability requirements that apply to a person who has been hired for the very first time.

Savoy Medical Center will continue to offer an employer paid life insurance policy. Voluntary Life coverage is being offered as well. If you have not enrolled in Voluntary Life previously, you may do so at Open Enrollment **BY COMPLETING A MEDICAL QUESTIONNAIRE.**



## Disability Insurance

Should you be unable to work due to illness or accident, Disability Insurance can replace a portion of your income. Savoy Medical Center offers both a Short Term and Long Term Disability package on a voluntary basis. Rates are dependent on your age and salary. Please note that Short Term Disability would be available after you exhaust your hospital provided Extended Illness Benefit.

	Short Term Disability	Long Term Disability
<b>Benefits Begin</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits will begin paying:  Choice of either 15 or 30 days for Accident Choice of either 15 or 30 days for Illness	If you become disabled, there is an elimination period before benefits are payable. Your benefits will begin paying:  180 days after the onset of your disabling injury or illness
<b>Paid Benefit Amount</b>	60% of your weekly, before – tax earnings, not to exceed \$2,000 Weekly.	Choice of either 50% or 60% of your monthly; before – tax earnings not to exceed \$8,200 Monthly
<b>Maximum Benefit</b>	Benefits are available for up to either 11 weeks (14 day elim) or 26 weeks (29 day elim), depending on your chosen elimination period.	Benefits are payable for 24 months, own occupation, or to your Social Security Normal Retirement Age for any occupation.

### STD and LTD Late Entrants Provision:

- Employees who enroll for any STD and/or LTD coverage more than 31 days later than the date they are first eligible or elect to increase their coverage or who were previously declined for coverage must provide medical evidence of insurability (answer medical questions) and may run the risk of not being approved for the coverage.

**Savoy Medical Insurance continues to offer both Long and Short Term Disability. If you have not enrolled previously, you may do so at Open Enrollment by COMPLETING A MEDICAL QUESTIONNAIRE.**





## Medical Bi-Weekly Premiums:

<b>Salary Less than \$25,000</b>	<b>Plan 1 (Default)</b>	<b>Plan 2 (Buy UP)</b>
Employee Only	\$9.23	\$33.86
Employee + Spouse	\$131.17	\$181.44
Employee + Child	\$131.87	\$194.61
Employee + Family	\$201.61	\$284.66
<b>Salary Less than \$40,000</b>	<b>Plan 1 (Default)</b>	<b>Plan 2 (Buy UP)</b>
Employee Only	\$11.54	\$39.06
Employee + Spouse	\$136.88	\$186.65
Employee + Child	\$137.58	\$201.12
Employee + Family	\$207.32	\$292.47
<b>Salary Less than \$75,000</b>	<b>Plan 1 (Default)</b>	<b>Plan 2 (Buy UP)</b>
Employee Only	\$18.27	\$52.33
Employee + Spouse	\$154.69	\$203.96
Employee + Child	\$153.78	\$219.29
Employee + Family	\$227.51	\$309.76
<b>Salary Less than \$100,000</b>	<b>Plan 1 (Default)</b>	<b>Plan 2 (Buy UP)</b>
Employee Only	\$29.68	\$60.14
Employee + Spouse	\$166.11	\$209.16
Employee + Child	\$165.20	\$225.80
Employee + Family	\$238.93	\$325.39
<b>Salary Less than \$150,000</b>	<b>Plan 1 (Default)</b>	<b>Plan 2 (Buy UP)</b>
Employee Only	\$41.10	\$70.55
Employee + Spouse	\$177.52	\$219.58
Employee + Child	\$176.61	\$232.31
Employee + Family	\$250.31	\$325.39
<b>Salary More than \$150,000</b>	<b>Plan 1 (Default)</b>	<b>Plan 2 (Buy UP)</b>
Employee Only	\$52.52	\$78.36
Employee + Spouse	\$188.93	\$229.99
Employee + Child	\$188.03	\$245.33
Employee + Family	\$261.73	\$333.20

## Dental and Vision Bi-Weekly Premiums:

	Voluntary Dental	Voluntary Vision
Employee Only	\$7.49	\$2.78
Employee + Spouse	\$13.62	\$5.57
Employee + Child	\$13.26	\$5.76
Employee + Family	\$22.06	\$9.33

## Voluntary Life and Disability

### Monthly Premiums:

Age	Voluntary Life and AD&D		Voluntary Short Term Disability	Voluntary Long Term Disability
	Employee/Spouse Rate Per \$1,000	AD/D rate Per \$1,000	Employee Rate Per \$10 of Weekly Benefit 11 Week Plan/26 Week Plan	Employee Rate Per \$100 of Monthly Benefit 60%/50% benefit amount
0-24	\$0.048	\$0.02	\$0.869/\$0.845	\$0.18/\$0.12
25-29	\$0.058	\$0.02	\$0.858/\$0.835	\$0.24/\$0.14
30-34	\$0.078	\$0.02	\$0.888/\$0.863	\$0.36/0.20
35-39	\$0.087	\$0.02	\$0.819/\$0.797	\$0.56/\$0.31
40-44	\$0.097	\$0.02	\$0.721/\$0.703	\$0.78/0.43
45-49	\$0.146	\$0.02	\$0.803/\$0.782	\$1.03/\$0.64
50-54	\$0.224	\$0.02	\$0.918/\$0.896	\$1.34/\$0.88
55-59	\$0.418	\$0.02	\$0.889/\$0.868	\$1.55/\$0.86
60-64	\$0.643	\$0.02	\$0.945/\$0.922	\$1.55/\$1.25
65-69	\$1.236	\$0.02	\$0.945/\$0.922	\$1.55/\$1.26
70+	\$2.324	\$0.02	\$1.096/\$1.07	\$1.64/\$1.42
Child(ren)	\$0.144 Per \$1,000			

### **HUMAN RESOURCES CONTACT INFORMATION**

**Annette M. Thibodeaux, SHRM-CP, PHR**

Human Resources Manager

Savoy Medical Center / 801 Poinciana Avenue / Mamou, Louisiana 70554

337.468.0494 Office / 337.468.0499 Fax

[annette.thibodeaux@savoymedical.net](mailto:annette.thibodeaux@savoymedical.net)

## 2020 Legal Notices

*Disclaimer: The intent of this information is to provide you with general guidelines regarding the Department of Labor required notices related to your current employee health plan(s). It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.*

### HIPAA Special Enrollment Rights

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

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

To request special enrollment or obtain more information, contact **Annette M. Thibodeaux at 337-468-0494**.

### HIPAA Privacy Notice - Protecting Your Health Information Privacy Rights

Savoy Medical Center is committed to the privacy of your health information. The administrators of the Savoy Medical Center insurance plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Annette M. Thibodeaux at 337-468-0494.

### Women's Health and Cancer Rights Act Initial Notification

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states 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 physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, your deductible and coinsurance apply as according to your employer-sponsored medical insurance plan.

### Important Notice from Savoy Medical Center about 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 Savoy Medical Center 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**

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. Savoy Medical Center has determined that the prescription drug coverage offered by Aetna 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.

### **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 to 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 Savoy Medical Center's coverage will be affected. See plan SPD for more information about your prescription drug coverage provisions/options.

If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, be aware that you and your dependents will 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 Savoy



Medical Center 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 Savoy Medical Center changes. You also may request a copy of this notice at any time.

**For More Information about Your Options under Medicare Prescription Drug Coverage:**

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

For more information about Medicare prescription drug coverage:

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

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

Date: July 13, 2020  
Contact: Annette M. Thibodeaux

Name of Entity/Sender: Savoy Medical Center  
Phone Number: 337-468-0494

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### 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 January 31, 2017. Contact your State for more information on eligibility –

<b>LOUISIANA – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>
Phone: 888.695.2447

To see if any other states have added a premium assistance program since January 31, 2017, 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 12/31/2019)

### ***For Nonfederal Governmental Plans***

This health insurance issuer believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your policy may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 337-468-0494. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

**It’s important to Savoy Medical Clinic that you know your rights as an employee and health insurance plan participant; see the 2019 notices beginning on page 11 of this guide.**

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**Senior Account Manager**  
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*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting