

**Schmitt Woodland Hills  
2023**

**Benefit Notices for Open Enrollment**



---

---

## Benefit Notices for Open Enrollment

Employers sponsoring group health plans must provide certain notices and disclosures to persons eligible for enrollment. Federal law requires providing various notices at different times, such as when the employee first becomes eligible, at each enrollment opportunity, and/or annually. For convenience and to reduce administrative costs, many employers choose to distribute various required notices with their annual open enrollment materials.

**Insured Health Plans:** Plans provided through group insurance policies are subject to state insurance laws that may apply in addition to, or in place of, one or more of the federal notices in this package. In that case, the insurance carrier provides the applicable notice(s) which may be distributed with enrollment materials or included in the carrier's evidence of coverage (EOC) booklet. Employers are advised to coordinate with the carrier to ensure that all requirements are met under both federal and state law.

**Multiemployer Plans, Multiple Employer Welfare Arrangements, and Association Health Plans:** This material is designed for use by *single-employer plans only*. Do not use for multi-employer plans (e.g., union trusts), multiple employer welfare arrangements (MEWAs), or association health plans.

## **Important Notice from Schmitt Woodland Hills, Inc. About Your Prescription Drug Coverage and Medicare**

---

This Notice Applies to You (or Dependent) ONLY if such person is (1) enrolled in a group medical plan offered by Schmitt Woodland Hills Inc. AND (2) eligible for 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 Schmitt Woodland Hills, 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. Schmitt Woodland Hills, Inc. has determined that the prescription drug coverage offered by the Quartz Health Insurance 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 Schmitt Woodland Hills, Inc. coverage will be affected. You can keep this coverage if you elect Part D and this

plan will coordinate with Plan 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 if you meet eligibility requirements.

### **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 Schmitt Woodland Hills, Inc. 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 at 608-647-8931. 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 Schmitt Woodland Hills, Inc changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security

on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: 11/01/2022

Name of Entity/Sender: Schmitt Woodland Hills Inc.

Contact--Position/Office: Jacqueline Carley

Address: 1400 W Seminary Rd., Richland Center, WI 53581

Phone Number: 608-647-8931

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE**

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

## **NOTICE OF PATIENT PROTECTIONS**

Quartz Health Insurance generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.: Until you make this designation, Quartz Health Insurance designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact John Tews, Human Resources at 608-647-8931 or [swahr@mwt.net](mailto:swahr@mwt.net).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Quartz Health Insurance or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact John Tews, Human Resources at 608-647-8931 or [swahr@mwt.net](mailto:swahr@mwt.net).

## **NOTICE OF 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.

If you are declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact John Tews, Human Resources at 608-647-8931 or [swhhr@mwt.net](mailto:swhhr@mwt.net).



## **WELLNESS PROGRAM DISCLOSURE (GINA)**

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

## **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). 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;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Services must be obtained by an in-network provider or have a prior authorization for services to be covered. These services are covered on the Quartz 1500 plan with the policy single deductible of \$1500 then a 10% coinsurance. Under the Quartz 3000 plan, the policy single deductible is \$3000 with a 0% coinsurance.

If you would like more information on WHCRA benefits, contact John Tews, Human Resources at 608-647-8931 or [swzhr@mwt.net](mailto:swzhr@mwt.net).