

## **Important Notice from Northwest Suburban Special Education Organization (NSSEO) 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 NSSEO 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. NSSEO has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Illinois 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<sup>th</sup> to December 7<sup>th</sup>.

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.

**CMS Form 10182-CC**

**Updated April 1, 2011**

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

## **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 NSSEO coverage will be affected.

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

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with NSSEO 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 or call Kim Cowles at 847-463-8127.

**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 NSSEO 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).**

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| DATE:                  | 9/07/2023                                     |
| Name of Entity/Sender: | Julie Jilek, Assistant Superintendent, CSO    |
| Name of Entity:        | NSSEO   |
| Contact:               | Kim Cowles, Benefits Administrative Assistant |
| Address:               | 799 W Kensington Rd<br>Mt. Prospect, IL 60056 |
| Phone Number:          | 847-463-8127                                  |

## 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, 2023. Contact your State for more information on eligibility –**

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| <b>ALABAMA Medicaid</b>  | <b>ALASKA Medicaid</b>  |
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIP.com">CustomerService@MyAKHIP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| <b>ARKANSAS Medicaid</b>   | <b>CALIFORNIA Medicaid</b>  |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)   | Website:<br>Health Insurance Premium Payment (HIPP) Program<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>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>   |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268  |

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| <p align="center"><b>GEORGIA Medicaid</b></p> <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><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <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><br/> Phone: (678) 564-1162, Press 2</p>      | <p align="center"><b>INDIANA Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64<br/> Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/> Phone: 1-877-438-4479<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> Phone 1-800-457-4584</p> |
| <p align="center"><b>IOWA Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:<br/> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/> HIPP Phone: 1-888-346-9562</p>  | <p align="center"><b>KANSAS Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-766-9012</p>  |
| <p align="center"><b>KENTUCKY Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p> | <p align="center"><b>LOUISIANA Medicaid</b></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><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>  |
| <p align="center"><b>MAINE Medicaid</b></p> <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>   | <p align="center"><b>MASSACHUSETTS Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: (617) 886-8102</p>   |
| <p align="center"><b>MINNESOTA Medicaid</b></p> <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/> Phone: 1-800-657-3739</p>   | <p align="center"><b>MISSOURI Medicaid</b></p> <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>   |
| <p align="center"><b>MONTANA Medicaid</b></p> <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/> Phone: 1-800-694-3084<br/> Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>  | <p align="center"><b>NEBRASKA Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/> Phone: 1-855-632-7633<br/> Lincoln: 402-473-7000<br/> Omaha: 402-595-1178</p>  |

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| <b>NEVADA Medicaid</b>   | <b>NEW HAMPSHIRE Medicaid</b>   |
| Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a><br>Medicaid Phone: 1-800-992-0900  | 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><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 |
| <b>NEW JERSEY Medicaid and CHIP</b>  | <b>NEW YORK Medicaid</b>  |
| Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710                            | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |
| <b>NORTH CAROLINA Medicaid</b>   | <b>NORTH DAKOTA Medicaid</b>  |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100  | Website:<br><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 1-844-854-4825  |
| <b>OKLAHOMA Medicaid and CHIP</b>  | <b>OREGON Medicaid</b>  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br>Phone: 1-800-699-9075                                  |
| <b>PENNSYLVANIA Medicaid and CHIP</b>  | <b>RHODE ISLAND Medicaid and CHIP</b>   |
| Website:<br><a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.childrenshealthinsuranceprogram.pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line)  |
| <b>SOUTH CAROLINA Medicaid</b>   | <b>SOUTH DAKOTA Medicaid</b>  |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059   |
| <b>TEXAS Medicaid</b>  | <b>UTAH Medicaid and CHIP</b>   |
| Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>Phone: 1-800-440-0493  | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669   |
| <b>VERMONT Medicaid</b>  | <b>VIRGINIA Medicaid and CHIP</b>   |
| Website: <a href="http://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427   | Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a><br><a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a><br>Medicaid/CHIP Phone: 1-800-432-5924  |
| <b>WASHINGTON Medicaid</b>   | <b>WEST VIRGINIA Medicaid and CHIP</b>  |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)  |
| <b>WISCONSIN Medicaid and CHIP</b>   | <b>WYOMING Medicaid</b>   |
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002   | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269  |

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

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

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

### **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 OF PRIVACY PRACTICES

**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.**

This notice is effective July 1, 2021. If you have any questions about this notice, please contact: **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone).**

### **Who Will Follow This Notice**

This notice describes the medical information practices of the **NSSEO Group Health Plan** providing medical, dental, vision, prescription drug, health flexible spending account, wellness, employee assistance program benefits (the "Plan") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH") and describes how the Plan will use or disclose your Protected Health Information to carry out treatment, payment, or healthcare operations, or for any other purpose permitted or required by law.

We are required by law to maintain the privacy of your protected health information, to provide you with a notice of our legal duties and privacy practices with respect to your protected health information, and to follow the terms of the notice that is currently in effect. We are also required to notify affected individuals in the case of a breach of unsecured protected health information.

### **Our Pledge Regarding Protected Health Information**

We understand that your protected health information and your health is personal and are committed to safeguarding your protected health information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records, including claims records, the Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose your protected health information. It also describes our obligations and your rights regarding the use and disclosure of protected health information.

**We reserve the right to change the terms of this Notice and to make new provisions about your protected health information that we maintain, as allowed or required by law. If we make any material change, we will provide you with a copy of our revised Notice of Privacy Practices by direct mail or hand delivery.** A copy of the revised Notice of Privacy Practices will also be posted on our Intranet at the following address: [www.nsseo.org](http://www.nsseo.org).



HIPAA only protects certain medical information known as "protected health information." Generally, protected health information is information created or received by a health care provider, a health care clearing house, a health plan, or your employer on behalf of your health plan, from which it is possible to identify you and which relates to: (1) your past, present, or future physical or mental health condition; (2) the provision of health care to you; or (3) the past, present, or future payment of health care claims on your behalf. Note: The individually identifiable health information of a person who has been deceased for more than 50 years is not protected health information under the Privacy Rule.

### **How We May Use and Disclose Your Protected Health Information ("PHI")**

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment (as described in applicable regulations).** We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose protected health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might use your PHI information for case management.

**For Payment (as described in applicable regulations).** We may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may use your PHI to adjudicate a claim for a specialist office visit. We may also share medical information with a utilization review or precertification service provider, to assist with the adjudication or subrogation of health claims, or to another health plan to coordinate benefit payments.

**For Health Care Operations (as described in applicable regulations).** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use your PHI for underwriting, premium rating, and other activities relating to determining plan coverage.

**As Required By Law.** We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding, such as a malpractice action, or a divorce proceeding.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your, another person's, or the public's health and safety. But disclosure would only be to someone able to help prevent the serious threat. For example, we may disclose your protected health information in case of exposure to a highly infectious disease.

**To Plan Sponsors.** For plan administration purposes, your protected health information may be disclosed to specifically designated employees. Those employees will only use or disclose that protected health information necessary to perform plan administration functions or as otherwise required or permitted by HIPAA. Your employer may not use protected health information for employment purposes without your express authorization. Information may be disclosed to another health plan (as described by HIPAA) maintained by **NSSEO** for purposes of facilitating claims payable under that plan or for other purposes permitted by HIPAA.

**To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on behalf of the Plan or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate such as a third-party administrator to process your claims for Plan benefits.

**Prohibition on Use or Disclosure of Genetic Information.** The plan (other than the long term care plan, if applicable,) is prohibited from using or disclosing your genetic information for underwriting purposes.

**Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services.

**Special Situations.** The following are categories of other circumstances in which we may use or disclose your protected health information. While this is not an exhaustive list of the specific ways that we may use or disclose your PHI, each way that we may use or disclose your PHI would fall into one of these categories.

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary

**Military and Veterans.** If you are a current member of the armed forces, we may release protected health information as deemed necessary by military command authorities to ensure the proper execution of their military mission. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your protected health information to the extent necessary to comply with laws relating workers' compensation or similar programs, that provide benefits for work-related injuries or illness without regard to fault.

**Public Health Risks.** We may disclose your protected health information to public health authorities. Reportable activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To conduct public health surveillance, investigation, or intervention;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, but only if you agree to the disclosure, or the disclosure is required or authorized by law.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for reasons authorized by law. For example, a health oversight agency may conduct audits, investigations, inspections, and licensure (e.g., reporting the results of a TB test to the Center for Disease Control).

**Lawsuits and Disputes.** If you are involved in a lawsuit or a legal dispute, we may disclose your protected health information in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Prior to responding, we will attempt to inform you of the request or obtain an order protecting the health information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- To report certain types of wounds or other physical injuries as required by law;
- In response to a court order, subpoena, court-ordered warrant, summons or similar process issued by a judicial officer;
- In response to a grand jury subpoena; or
- As otherwise permitted by HIPAA.

**Coroners, Medical Examiners and Funeral Directors.** We may release your protected health information to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may also release protected health information to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your protected health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by the National Security Act and implementing regulations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official with lawful custody over you, we may release your protected health information to the correctional institution or law enforcement official, if that information is necessary for one of the following:

- a) To provide you with health care;
- b) To protect your health and safety or the health and safety of other individuals; or
- c) For the safety and security of officers or employees of the correctional institution.

**Uses and Disclosures for Which Your Written Authorization is Required.** We may use or disclose your personal health information in the following circumstances only with your written authorization: Disclosure to your spouse, another family member such as a parent for an adult child, or a close personal friend designated by you to receive your protected health information, including an individual involved in your care prior to your death, unless you object.

All other uses and disclosures of your PHI not described in this Notice of Privacy Practices will be made only with your written authorization. You have the right to revoke your written authorization at any time, but you must do so in writing, and we are required to comply with your request, except to the extent that we took prior action relying upon your authorization.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding protected health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy protected health information maintained by the Plan in a designated record set. To inspect and copy your designated record set, you must submit your request in writing to: **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone)**. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that protected health information we have about you is inaccurate or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan in a designated record set. To request an amendment, your request must be made in writing and submitted to: **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone)**. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the designated record set kept by or for the Plan;
- Was not created by us, unless you provide us with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" (i.e., a list) of your protected health information where such disclosures were made other than: (1) for treatment, payment, or health care operations; (2) to you; (3) pursuant to your authorization; (4) to friends or family in your presence or due to an emergency; (5) for national security purposes; or (6) incidental to an otherwise permissible use or disclosure.

To request this accounting of disclosures, you must submit your request in writing to: **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone)**. Your request must state a time period which may not be longer than six years from the date of the request. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred to comply with the original request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limitation on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a treatment for Hepatitis C you had.

We are not required to agree to a requested restriction or limitation, unless your request is made to restrict disclosure to an insurance carrier for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid the healthcare provider out of pocket in full. If we do agree to a restriction or limitation, we must abide by it unless you revoke it in writing.

To request restrictions, you must make your request in writing to **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone)**. In your request, you must tell us:

- (a) What information you want to limit or restrict;
- (b) Whether you want to limit our use, disclosure or both; and
- (c) To whom you want the limits to apply, for example, disclosures to another family member.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in an alternative way or at an alternative location. For example, you can ask that we only contact you at work or by cell phone. To request confidential communications, you must make your request in writing to: **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone)**. We will not ask you the reason for your request. And we will accommodate all reasonable requests.

**A Note About Personal Representatives.** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- Verification of identity as an individual who is the parent of a minor child.



The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

However, we are not required to disclose your protected health information to a personal representative if we have a reasonable belief that: (1) you are or may have been subject to domestic violence, abuse or neglect by the designated personal representative; (2) treating the designated individual as your personal representative would endanger you; or (3) it is not in your best interest, using professional judgment, to allow the designated individual to act as your personal representative.

**Right to Request Electronic Copy of PHI Maintained Electronically in One or More Designated Record Sets.** If the plan maintains an "electronic health record" or maintains your PHI electronically in a "designated record set," you have the right to: (1) obtain a copy of the information in electronic format and/or (2) ask the Plan to send the copy to a third party. The Plan requires you to make the request for electronic copies of your PHI in writing, and the Plan may charge you a reasonable fee for labor costs for sending the electronic copy of your health information. To request an account of electronic health records, you must make the request in writing to: **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone)**. The Plan will send the information to a third party at your request only if you provide complete information including the name and address of the third party.

**Right to be Notified of a Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of your unsecured protected health information. Business Associates include the Business Associates themselves and their subcontractors.

**Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice. You may ask us to provide you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from the website at the following address: [www.nsseo.org](http://www.nsseo.org). To obtain a paper copy of this notice via mail, contact: **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone)**.

### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the employer website or Intranet. The notice will contain on the first page, in the top right-hand corner, the effective date.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan. To file a complaint with the Plan, contact: **Julie Jilek, Privacy Officer for the NSSEO Group Health Plan, 799 West Kensington Road, Mount Prospect, IL 60056, [jjilek@nsseo.org](mailto:jjilek@nsseo.org) (email), 847-463-8100 (phone)**. All complaints must be submitted in writing. In addition to filing a complaint with the Plan you may file a complaint with the Secretary of the Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. For all complaints filed by e-mail send to: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov). You will not be penalized or retaliated against for filing a complaint.

**Other Uses of Medical Information**

All other uses and disclosures of your medical information not described in this Notice of Privacy Practices or HIPAA and its implementing regulations will be made only with your written authorization. You have the right to revoke your written authorization at any time, but you must do so in writing, and we are required to comply with your request, except to the extent that we took prior action relying upon your authorization.



# 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>1,2</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

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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.

|  |                |  |  |
|--|----------------|--|--|
| 3. Employer name<br>Northwest Suburban Specail Education Org. (NSSEO)            |                | 4. Employer Identification Number (EIN)<br>36-3237600                    |  |
| 5. Employer address<br>799 W Kensington Road                                     |                | 6. Employer phone number<br>847-463-8100                                 |  |
| 7. City<br>Mount Prospect  | 8. State<br>IL | 9. ZIP code<br>60056   |  |
| 10. Who can we contact about employee health coverage at this job?<br>Juie Jilek |                |  |  |
| 11. Phone number (if different from above)                                       |                | 12. Email address <a href="mailto:jjilek@nsseo.org">jjilek@nsseo.org</a> |  |

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:

A person who is regularly scheduled to work a minimum of 30 hrs and who is on the permanent payroll of the Employer

- With respect to dependents:

We do offer coverage. Eligible dependents are:

a natural, step or adopted child(ren). Children who are under the age of 26. Unmarried children covered up to 30 if they live within the state and served in the Armed Forces. Any child(ren) dependent upon you for lifetime care due to a handicap occurring before the limiting age.

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 your 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT (JANET'S LAW)**

On October 21 1998 Congress passed a bill called the *Women's Health and Cancer Rights Act*. This new law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- interfere with a woman's rights under the plan to avoid these requirements, or
- offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan.

If you have questions about the current plan coverage, please contact Kim Cowles at [kcowles@nsseo.org](mailto:kcowles@nsseo.org) or 847-463-8127

|                          |   |
|--------------------------|---|
| Employer Name:           | Northwest Suburban Special Education Organization (NSSEO) |
| Employer State of Situs: | ILLINOIS  |
| Name of Issuer:          | BCBS OF IL  |
| Plan Marketing Name:     | P99735, PPO+  |
| Plan Year:               | 7/1/2023 - 6/30/2024                                      |

**Ten (10) Essential Health Benefit (EHB) Categories:**

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

**2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)**

| Item | EHB Benefit  | EHB Category       | Benchmark Page # Reference | Employer Plan Covered Benefit? |
|------|--|--------------------|----------------------------|--------------------------------|
| 1    | Accidental Injury -- Dental  | Ambulatory         | Pgs. 10 & 17               | Yes                            |
| 2    | Allergy Injections and Testing   | Ambulatory         | Pg. 11                     | Yes                            |
| 3    | Bone anchored hearing aids   | Ambulatory         | Pgs. 17 & 35               | Yes                            |
| 4    | Durable Medical Equipment  | Ambulatory         | Pg. 13                     | Yes                            |
| 5    | Hospice  | Ambulatory         | Pg. 28                     | Yes                            |
| 6    | Infertility (Fertility) Treatment  | Ambulatory         | Pgs. 23 - 24               | No                             |
| 7    | Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                    | Ambulatory         | Pg. 21                     | Yes                            |
| 8    | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory         | Pgs. 15 - 16               | Yes                            |
| 9    | Private-Duty Nursing   | Ambulatory         | Pgs. 17 & 34               | Yes                            |
| 10   | Prosthetics/Orthotics  | Ambulatory         | Pg. 13                     | Yes                            |
| 11   | Sterilization (vasectomy men)  | Ambulatory         | Pg. 10                     | Yes                            |
| 12   | Temporomandibular Joint Disorder (TMJ)                                       | Ambulatory         | Pgs. 13 & 24               | Yes                            |
| 13   | Emergency Room Services (Includes MH/SUD Emergency)                          | Emergency services | Pg. 7                      | Yes                            |

|    |  |  |  |   |
|----|--|--|--|---|
| 14 | Emergency Transportation/<br>Ambulance   | Emergency<br>services                        | Pgs. 4 & 17                              | Yes   |
| 15 | Bariatric Surgery (Obesity)  | Hospitalization                              | Pg. 21                                   | No  |
| 16 | Breast Reconstruction After<br>Mastectomy  | Hospitalization                              | Pgs. 24 - 25                             | Yes   |
| 17 | Reconstructive Surgery   | Hospitalization                              | Pgs. 25 - 26, & 35                       | Yes   |
| 18 | Inpatient Hospital Services<br>(e.g., Hospital Stay)                             | Hospitalization                              | Pg. 15                                   | Yes   |
| 19 | Skilled Nursing Facility   | Hospitalization                              | Pg. 21                                   | Yes   |
| 20 | Transplants - Human Organ<br>Transplants (Including<br>transportation & lodging) | Hospitalization                              | Pgs. 18 & 31                             | Yes   |
| 21 | Diagnostic Services  | Laboratory<br>services                       | Pgs. 6 & 12                              | Yes   |
| 22 | Intranasal opioid reversal agent<br>associated with opioid<br>prescriptions      | MH/SUD                                       | Pg. 32                                   | Yes   |
| 23 | Mental (Behavioral) Health<br>Treatment (Including Inpatient<br>Treatment)       | MH/SUD                                       | Pgs. 8 -9, 21                            | Yes   |
| 24 | Opioid Medically Assisted<br>Treatment (MAT)                                     | MH/SUD                                       | Pg. 21                                   | Yes   |
| 25 | Substance Use Disorders<br>(Including Inpatient Treatment)                       | MH/SUD                                       | Pgs. 9 & 21                              | Yes   |
| 26 | Tele-Psychiatry  | MH/SUD                                       | Pg. 11                                   | Yes   |
| 27 | Topical Anti-Inflammatory<br>acute and chronic pain<br>medication                | MH/SUD                                       | Pg. 32                                   | Yes   |
| 28 | Pediatric Dental Care  | Pediatric Oral<br>and Vision Care            | See AllKids Pediatric<br>Dental Document | No  |
| 29 | Pediatric Vision Coverage  | Pediatric Oral<br>and Vision Care            | Pgs. 26 - 27                             | Yes, partially. The plan only<br>covers a vision screening for<br>children and adolescents. |
| 30 | Maternity Service  | Pregnancy,<br>Maternity, and<br>Newborn Care | Pgs. 8 & 22                              | Yes   |
| 31 | Outpatient Prescription Drugs  | Prescription<br>drugs                        | Pgs. 29 - 34                             | Yes, partially. Outpatient<br>prescriptions are covered,<br>except for fertility drugs.     |
| 32 | Colorectal Cancer Examination<br>and Screening                                   | Preventive and<br>Wellness<br>Services       | Pgs. 12 & 16                             | Yes   |

|    |   |  |                             |     |
|----|---|--|-----------------------------|-----|
| 33 | Contraceptive/Birth Control Services  | Preventive and Wellness Services                     | Pgs. 13 & 16                | Yes |
| 34 | Diabetes Self-Management Training and Education                               | Preventive and Wellness Services                     | Pgs. 11 & 35                | Yes |
| 35 | Diabetic Supplies for Treatment of Diabetes                                   | Preventive and Wellness Services                     | Pgs. 31 - 32                | Yes |
| 36 | Mammography - Screening   | Preventive and Wellness Services                     | Pgs. 12, 15, & 24           | Yes |
| 37 | Osteoporosis - Bone Mass Measurement  | Preventive and Wellness Services                     | Pgs. 12 & 16                | Yes |
| 38 | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services                     | Pg. 16                      | Yes |
| 39 | Preventive Care Services  | Preventive and Wellness Services                     | Pg. 18                      | Yes |
| 40 | Sterilization (women)   | Preventive and Wellness Services                     | Pgs. 10 & 19                | Yes |
| 41 | Chiropractic & Osteopathic Manipulation                                       | Rehabilitative and Habilitative Services and Devices | Pgs. 12 - 13                | Yes |
| 42 | Habilitative and Rehabilitative Services                                      | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22, & 35 | Yes |

|                          |   |
|--------------------------|---|
| Employer Name:           | Northwest Suburban Special Education Organization (NSSEO) |
| Employer State of Situs: | ILLINOIS  |
| Name of Issuer:          | BCBS OF IL  |
| Plan Marketing Name:     | PL1955, PPO+  |
| Plan Year:               | 7/1/2023 - 6/30/2024                                      |

**Ten (10) Essential Health Benefit (EHB) Categories:**

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

**2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)**

| Item | EHB Benefit  | EHB Category       | Benchmark Page # Reference | Employer Plan Covered Benefit? |
|------|--|--------------------|----------------------------|--------------------------------|
| 1    | Accidental Injury -- Dental  | Ambulatory         | Pgs. 10 & 17               | Yes                            |
| 2    | Allergy Injections and Testing   | Ambulatory         | Pg. 11                     | Yes                            |
| 3    | Bone anchored hearing aids   | Ambulatory         | Pgs. 17 & 35               | Yes                            |
| 4    | Durable Medical Equipment  | Ambulatory         | Pg. 13                     | Yes                            |
| 5    | Hospice  | Ambulatory         | Pg. 28                     | Yes                            |
| 6    | Infertility (Fertility) Treatment  | Ambulatory         | Pgs. 23 - 24               | No                             |
| 7    | Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                    | Ambulatory         | Pg. 21                     | Yes                            |
| 8    | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory         | Pgs. 15 - 16               | Yes                            |
| 9    | Private-Duty Nursing   | Ambulatory         | Pgs. 17 & 34               | Yes                            |
| 10   | Prosthetics/Orthotics  | Ambulatory         | Pg. 13                     | Yes                            |
| 11   | Sterilization (vasectomy men)  | Ambulatory         | Pg. 10                     | Yes                            |
| 12   | Temporomandibular Joint Disorder (TMJ)                                       | Ambulatory         | Pgs. 13 & 24               | Yes                            |
| 13   | Emergency Room Services (Includes MH/SUD Emergency)                          | Emergency services | Pg. 7                      | Yes                            |

|    |  |  |  |   |
|----|--|--|--|---|
| 14 | Emergency Transportation/<br>Ambulance   | Emergency<br>services                        | Pgs. 4 & 17                              | Yes   |
| 15 | Bariatric Surgery (Obesity)  | Hospitalization                              | Pg. 21                                   | No  |
| 16 | Breast Reconstruction After<br>Mastectomy  | Hospitalization                              | Pgs. 24 - 25                             | Yes   |
| 17 | Reconstructive Surgery   | Hospitalization                              | Pgs. 25 - 26, & 35                       | Yes   |
| 18 | Inpatient Hospital Services<br>(e.g., Hospital Stay)                             | Hospitalization                              | Pg. 15                                   | Yes   |
| 19 | Skilled Nursing Facility   | Hospitalization                              | Pg. 21                                   | Yes   |
| 20 | Transplants - Human Organ<br>Transplants (Including<br>transportation & lodging) | Hospitalization                              | Pgs. 18 & 31                             | Yes   |
| 21 | Diagnostic Services  | Laboratory<br>services                       | Pgs. 6 & 12                              | Yes   |
| 22 | Intranasal opioid reversal agent<br>associated with opioid<br>prescriptions      | MH/SUD                                       | Pg. 32                                   | Yes   |
| 23 | Mental (Behavioral) Health<br>Treatment (Including Inpatient<br>Treatment)       | MH/SUD                                       | Pgs. 8 -9, 21                            | Yes   |
| 24 | Opioid Medically Assisted<br>Treatment (MAT)                                     | MH/SUD                                       | Pg. 21                                   | Yes   |
| 25 | Substance Use Disorders<br>(Including Inpatient Treatment)                       | MH/SUD                                       | Pgs. 9 & 21                              | Yes   |
| 26 | Tele-Psychiatry  | MH/SUD                                       | Pg. 11                                   | Yes   |
| 27 | Topical Anti-Inflammatory<br>acute and chronic pain<br>medication                | MH/SUD                                       | Pg. 32                                   | Yes   |
| 28 | Pediatric Dental Care  | Pediatric Oral<br>and Vision Care            | See AllKids Pediatric<br>Dental Document | No  |
| 29 | Pediatric Vision Coverage  | Pediatric Oral<br>and Vision Care            | Pgs. 26 - 27                             | Yes, partially. The plan only<br>covers a vision screening for<br>children and adolescents. |
| 30 | Maternity Service  | Pregnancy,<br>Maternity, and<br>Newborn Care | Pgs. 8 & 22                              | Yes   |
| 31 | Outpatient Prescription Drugs  | Prescription<br>drugs                        | Pgs. 29 - 34                             | Yes, partially. Outpatient<br>prescriptions are covered,<br>except for fertility drugs.     |
| 32 | Colorectal Cancer Examination<br>and Screening                                   | Preventive and<br>Wellness<br>Services       | Pgs. 12 & 16                             | Yes   |



|    |   |  |                             |     |
|----|---|--|-----------------------------|-----|
| 33 | Contraceptive/Birth Control Services  | Preventive and Wellness Services                     | Pgs. 13 & 16                | Yes |
| 34 | Diabetes Self-Management Training and Education                               | Preventive and Wellness Services                     | Pgs. 11 & 35                | Yes |
| 35 | Diabetic Supplies for Treatment of Diabetes                                   | Preventive and Wellness Services                     | Pgs. 31 - 32                | Yes |
| 36 | Mammography - Screening   | Preventive and Wellness Services                     | Pgs. 12, 15, & 24           | Yes |
| 37 | Osteoporosis - Bone Mass Measurement  | Preventive and Wellness Services                     | Pgs. 12 & 16                | Yes |
| 38 | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services                     | Pg. 16                      | Yes |
| 39 | Preventive Care Services  | Preventive and Wellness Services                     | Pg. 18                      | Yes |
| 40 | Sterilization (women)   | Preventive and Wellness Services                     | Pgs. 10 & 19                | Yes |
| 41 | Chiropractic & Osteopathic Manipulation                                       | Rehabilitative and Habilitative Services and Devices | Pgs. 12 - 13                | Yes |
| 42 | Habilitative and Rehabilitative Services                                      | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22, & 35 | Yes |

|                          |   |
|--------------------------|---|
| Employer Name:           | Northwest Suburban Special Education Organization (NSSEO) |
| Employer State of Situs: | ILLINOIS  |
| Name of Issuer:          | BCBS OF IL  |
| Plan Marketing Name:     | H81943, HMO   |
| Plan Year:               | 7/1/2023 - 6/30/2024                                      |

**Ten (10) Essential Health Benefit (EHB) Categories:**

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

**2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)**

| Item | EHB Benefit  | EHB Category       | Benchmark Page # Reference | Employer Plan Covered Benefit? |
|------|--|--------------------|----------------------------|--------------------------------|
| 1    | Accidental Injury -- Dental  | Ambulatory         | Pgs. 10 & 17               | Yes                            |
| 2    | Allergy Injections and Testing   | Ambulatory         | Pg. 11                     | Yes                            |
| 3    | Bone anchored hearing aids   | Ambulatory         | Pgs. 17 & 35               | Yes                            |
| 4    | Durable Medical Equipment  | Ambulatory         | Pg. 13                     | Yes                            |
| 5    | Hospice  | Ambulatory         | Pg. 28                     | Yes                            |
| 6    | Infertility (Fertility) Treatment  | Ambulatory         | Pgs. 23 - 24               | Yes                            |
| 7    | Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                    | Ambulatory         | Pg. 21                     | Yes                            |
| 8    | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory         | Pgs. 15 - 16               | Yes                            |
| 9    | Private-Duty Nursing   | Ambulatory         | Pgs. 17 & 34               | Yes                            |
| 10   | Prosthetics/Orthotics  | Ambulatory         | Pg. 13                     | Yes                            |
| 11   | Sterilization (vasectomy men)  | Ambulatory         | Pg. 10                     | Yes                            |
| 12   | Temporomandibular Joint Disorder (TMJ)                                       | Ambulatory         | Pgs. 13 & 24               | Yes                            |
| 13   | Emergency Room Services (Includes MH/SUD Emergency)                          | Emergency services | Pg. 7                      | Yes                            |

|    |  |  |  |   |
|----|--|--|--|---|
| 14 | Emergency Transportation/<br>Ambulance   | Emergency<br>services                        | Pgs. 4 & 17                              | Yes   |
| 15 | Bariatric Surgery (Obesity)  | Hospitalization                              | Pg. 21                                   | Yes   |
| 16 | Breast Reconstruction After<br>Mastectomy  | Hospitalization                              | Pgs. 24 - 25                             | Yes   |
| 17 | Reconstructive Surgery   | Hospitalization                              | Pgs. 25 - 26, & 35                       | Yes   |
| 18 | Inpatient Hospital Services<br>(e.g., Hospital Stay)                             | Hospitalization                              | Pg. 15                                   | Yes   |
| 19 | Skilled Nursing Facility   | Hospitalization                              | Pg. 21                                   | Yes   |
| 20 | Transplants - Human Organ<br>Transplants (Including<br>transportation & lodging) | Hospitalization                              | Pgs. 18 & 31                             | Yes   |
| 21 | Diagnostic Services  | Laboratory<br>services                       | Pgs. 6 & 12                              | Yes   |
| 22 | Intranasal opioid reversal agent<br>associated with opioid<br>prescriptions      | MH/SUD                                       | Pg. 32                                   | Yes   |
| 23 | Mental (Behavioral) Health<br>Treatment (Including Inpatient<br>Treatment)       | MH/SUD                                       | Pgs. 8 -9, 21                            | Yes   |
| 24 | Opioid Medically Assisted<br>Treatment (MAT)                                     | MH/SUD                                       | Pg. 21                                   | Yes   |
| 25 | Substance Use Disorders<br>(Including Inpatient Treatment)                       | MH/SUD                                       | Pgs. 9 & 21                              | Yes   |
| 26 | Tele-Psychiatry  | MH/SUD                                       | Pg. 11                                   | Yes   |
| 27 | Topical Anti-Inflammatory<br>acute and chronic pain<br>medication                | MH/SUD                                       | Pg. 32                                   | Yes   |
| 28 | Pediatric Dental Care  | Pediatric Oral<br>and Vision Care            | See AllKids Pediatric<br>Dental Document | No  |
| 29 | Pediatric Vision Coverage  | Pediatric Oral<br>and Vision Care            | Pgs. 26 - 27                             | Yes, partially. The plan only<br>covers a vision screening for<br>children and adolescents. |
| 30 | Maternity Service  | Pregnancy,<br>Maternity, and<br>Newborn Care | Pgs. 8 & 22                              | Yes   |
| 31 | Outpatient Prescription Drugs  | Prescription<br>drugs                        | Pgs. 29 - 34                             | Yes   |
| 32 | Colorectal Cancer Examination<br>and Screening                                   | Preventive and<br>Wellness<br>Services       | Pgs. 12 & 16                             | Yes   |
| 33 | Contraceptive/Birth Control<br>Services  | Preventive and<br>Wellness<br>Services       | Pgs. 13 & 16                             | Yes   |

|   |   |  |                             |     |
|---|---|--|-----------------------------|-----|
| 34  | Diabetes Self-Management Training and Education                               | Preventive and Wellness Services                     | Pgs. 11 & 35                | Yes |
| 35  | Diabetic Supplies for Treatment of Diabetes                                   | Preventive and Wellness Services                     | Pgs. 31 - 32                | Yes |
| 36  | Mammography - Screening   | Preventive and Wellness Services                     | Pgs. 12, 15, & 24           | Yes |
| 37  | Osteoporosis - Bone Mass Measurement  | Preventive and Wellness Services                     | Pgs. 12 & 16                | Yes |
| 38  | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services                     | Pg. 16                      | Yes |
| 39  | Preventive Care Services  | Preventive and Wellness Services                     | Pg. 18                      | Yes |
| 40  | Sterilization (women)   | Preventive and Wellness Services                     | Pgs. 10 & 19                | Yes |
| <b>Rehabilitative and Habilitative Services and Devices</b> |   |  |                             |     |
| 41  | Chiropractic & Osteopathic Manipulation                                       | Rehabilitative and Habilitative Services and Devices | Pgs. 12 - 13                | Yes |
| 42  | Habilitative and Rehabilitative Services                                      | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22, & 35 | Yes |