

## UPMC HEALTH, DENTAL AND VISION INSURANCE BENEFITS

Under the Affordable Care Act (ACA), Employees who work 30 hours per week or more are eligible to participate in the medical/vision and/or dental insurance plans. Coverage begins on the first day of the month following completion of the employee's two month waiting period. The employee's portion of the premiums will be payroll deducted twice a month. The employee's cost of insurance for the health benefit is 25%.

If you choose to waive coverage at this time and are eligible for benefits in the future, you may elect coverage during annual open enrollment in July with coverage taking effect on August 1.

Refer to the Healthcare Enrollment booklet for complete benefits package information.

### **Directions on completing the Healthcare Forms**(required completion for ALL employees)

*UPMC Form:* Complete questions 1, 4, 5, and 6 to accept or waive coverage. If enrolling in coverage, date of birth and social security numbers must be provided. *Arbutus Park Retirement Community Form* must be completed consenting to the cost of the elections.

## 401k RETIREMENT SAVINGS PLAN ENROLLMENT FORM

Participate in the retirement savings plan from Day 1 as long as you are 21 years of age or older, up to 15% of your gross salary on a pre-tax basis.

Additionally, after 1 year of service, 1000 hours worked, and 21 years of age, Arbutus will contribute to a 401k plan for you. The amount contributed is set by the Board of Directors each year based on our financial condition.

If you leave the company, you may elect to roll this money into another IRA, receive the balance in a lump sum, or leave the account balance in the plan (if your balance is greater than \$5,000).

### Vestment Schedule:

After 2 years of Service: 20 %

After 3 years of Service: 40 %

After 4 years of Service: 60 %

After 5 years of Service: 80 %

After 6 Years of Service: 100%

The normal retirement date is the first of the month following the attainment of age 65. The early retirement date is the first of the month following the attainment of age 55 and the completion of 15 years of service. If you become permanently disabled while employed, you are eligible to receive your entire account balance. Minimum Distribution Rules are at the age of 70 ½ you may be required to begin receiving a minimum distribution from your account.

**Directions: To Enroll complete all pages.** You may elect any money market, bond, or stock funds or your investment contribution will be placed in the Path Road Tactical Balance Growth and Income Fund.

**To Waive Coverage:** Complete Page 1 and the Designation of Beneficiary as the money will revert to who you select – should this disbursement be required.

Remember: After a 1-year service, 1000 hours worked, and 21 years of age, the company provides the 401k for you.

## Please note that all residents and staff will have to have an initial baseline testing completed.

Arbutus will continue to (related to employees and contract providers):

- Actively screen all HCP (health care providers) for fever and COVID-19 symptoms at the start of their shift
- HCP who have fever or symptoms will be excluded from work (HCP that experience symptoms at any time during their shift will also be excluded/sent home from work)
- Staff will be referred to their primary care provider, infection control nurse, or to call 1-877- PA-HEALTH to request testing as appropriate.
- Any HCP who test positive for COVID-19 will be excluded from work until they meet return to work criteria (PA-HAN-501).

Arbutus will continue to (related to all residents):

- Actively screen all residents for fever and COVID-19 symptoms every 12 hours.
- Complete testing on residents who exhibits fever and symptoms consistent with COVID-19.
- Residents that are suspected (symptomatic) and require testing will be moved to the isolated “yellow” zone until testing is completed and returns a negative result. (if a positive result is identified, the resident will be moved to the “red” zone)
- All new admissions or residents returning from overnight hospital stays will be returned and isolated on the “yellow” zone if they have been tested as negative in the hospital. (few exceptions identified in the policy)
- Any resident identified as positive will be isolated in the “red” zone for at least 14 days.

IF surveillance returns positive results we will complete the following: (following DOH recommendations)

DOH recommends follow-up testing to ensure transmission has been terminated as follows:

- ✓ Immediately test any resident or HCP who subsequently develops fever or symptoms consistent with COVID-19
- ✓ Continue repeat testing of all previously negative residents once a week until the testing identifies no new cases of COVID-19 among residents or HCP through at least one 14-day incubation period since the most recent positive result. (this will be done until all are negative for 14 days related to the incubation period of the virus)
- ❖ If testing capacity at some point is limited for any reason
  - All residents that are identified with symptoms (if the previous testing identified negative results) will immediately be tested and isolated in the “yellow” zone.
  - Testing will be prioritized based on symptoms and exposure to positive testing. (example - If test capacity is limited – a resident who leaves and return to the facility such as with dialysis treatment and have more risk of potential exposure; residents that have exposure to staff that work in multiple facilities (e.g. wound care consultants) or have known exposure to a case will be considerations)
  - If testing capacity is limited, CDC suggests directing repeat HCP testing to HCP who work at other facilities where there are known COVID-19 cases.

**ZONE Defining CRITERIA:**

**RED ZONE** – COVID + zone

This zone will include all residents with positive results that are still within the parameters of transmission-based precautions.

**YELLOW ZONE** – negative test but potential exposure

This zone refers to residents with negative test results that are within the 14 days of possible exposure. (this zone will include readmissions and new admissions for at least 14 days)

Residents that are suspected (symptomatic) and require testing will be moved to the isolated “yellow” zone until testing is completed and returns a negative result. (if a positive result is identified, the resident will be moved to the “red” zone)

**GREEN ZONE** – unexposed/asymptomatic and untested

July 2020

## Arbutus Park Retirement Community - Protecting Your Health Information Privacy Rights

Arbutus Park Retirement Community is committed to the privacy of your health information.

The administrators of the Arbutus Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Julie Hassan at 814-262-2173 or [jhassan@arbutusparkmanor.com](mailto:jhassan@arbutusparkmanor.com).

### HIPAA Special Enrollment Rights

Arbutus Park Retirement Community's Notice of your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the PHCC Plan. To participate you must complete an enrollment form and pay part of the premium through payroll deduction.

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "Special enrollment provision". If you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or an eligible dependent (including your spouse) while other health insurance or group health plan coverage 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 (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).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect you may be able to enroll yourself and your dependents in this plan if your or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program concerning coverage under this plan, you may be eligible to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Julie Hassan – 814-262-2173 or [jhassan@arbutusparkmanor.com](mailto:jhassan@arbutusparkmanor.com)

## **Important Notice from Arbutus Park Retirement Community 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 Arbutus Park Retirement Community 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 becomes 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. Arbutus Park Retirement Community has determined that the prescription drug coverage offered by Arbutus 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 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 Arbutus Park Retirement Community coverage will not be affected. Just like Medicare Parts A & B (or your dependents) do not have to enroll in Medicare Part D if you or your dependents are enrolled in the insurance through Arbutus.

If you decide to join a Medicare drug plan and drop your current Arbutus Park Retirement Community coverage, be aware that you and your dependents may 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 Arbutus Park Retirement Community and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (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 will 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. Also, you may have to wait until the following October to join.

## **For More Information about this Notice or Your Current Prescription Drug Coverage...**

Contact Julie Hassan at [jhassan@arbutusparkmanor.com](mailto:jhassan@arbutusparkmanor.com) or 814-262-2173 NOTE: you will get this notice each year. You will also get it before the next period you can join a Medicare drug plan. You may also 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: July 2020

Julie Hassan

Arbutus Park Retirement Community

[jhassan@arbutusparkmanor.com](mailto:jhassan@arbutusparkmanor.com)

## **Newborns' Act Disclosure**

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 above 48 hours or 96 hours.

## **Special Enrollment Notice**

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 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).

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

To request special enrollment or obtain more information, contact Julie Hassan at [jhassan@arbutusparkmanor.com](mailto:jhassan@arbutusparkmanor.com) or 814-262-2173

## **WHCRA ENROLLMENT NOTICE**

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

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of 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. If you would like more information on WHCRA benefits, contact Julie Hassan at 814-262-2173 or [jhassan@arbutusparkmanor.com](mailto:jhassan@arbutusparkmanor.com)



**SPECIAL ENROLLMENT REQUIRED**  
**NOTICE EMPLOYEE HEALTH CARE BENEFITS**  
**Annual Open Enrollment July 1 – July 31**  
**(Plan Year: August 1<sup>st</sup>, to July 31<sup>st</sup>)**

Eligible employees (working more than 30+ hours weekly) may elect to participate in the medical/vision and/or dental insurance plans. Coverage begins on the first day of the month following completion of the employee's two month waiting period. The employee's portion of the premium(s) will be deducted bi-monthly. Employees are responsible for 25% of the medical premium and 100% of the vision and dental premium cost.

Eligible employees who decline enrollment 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 other coverage (or if the employer stops contributing toward your or your dependent's other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Also, 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 marriage, birth, adoption, or placement for adoption.

Contact Julie Hassan, Human Resources Manager, at 814.262.2173 with questions.

**ATTACH THIS FORM TO THE COMPLETED UPMC EMPLOYEE BENEFIT ELECTION & CHANGE FORM**

<b>Medical Plan – Option 1 (801)</b>		<b>HRA \$600/\$1200 EPO (\$1500/\$3000)</b>		<b>Employer Rate</b>
<input type="checkbox"/>	Employee Only	\$ 71.08/pay	\$142.16/month	\$568.62/mo.
<input type="checkbox"/>	Employee/Spouse	\$191.48/pay	\$382.96/month	\$1531.88/mo.
<input type="checkbox"/>	Employee & Child (ren)	\$171.13/pay	\$342.26/month	\$1369.02/mo.
<input type="checkbox"/>	Family	\$219.80/pay	\$439.60/month	\$1758.38/mo.
<input type="checkbox"/>	Waive 801 Medical Option 1 Coverage			
<b>Medical Plan – Option 2 (802)</b>		<b>No HRA - EPO\$3000/\$6000</b>		<b>Employer Rate</b>
<input type="checkbox"/>	Employee Only	\$ 56.60/pay	\$113.20/month	\$452.74/mo.
<input type="checkbox"/>	Employee/Spouse	\$152.46/pay	\$304.92/month	\$1219.69/mo.
<input type="checkbox"/>	Employee & Child (ren)	\$136.25/pay	\$272.50/month	\$1090.00/mo.
<input type="checkbox"/>	Family	\$175.00/pay	\$350.00/month	\$1400.01/mo.
<input type="checkbox"/>	Waive 802 Medical Option 2 Coverage			
<b>Dental Plan (dental is not bundled with a plan)</b>		<b>Stand Alone</b>		
<input type="checkbox"/>	Employee Only	\$11.18/pay	\$22.36/month	
<input type="checkbox"/>	Employee/Spouse	\$30.12/pay	\$60.24/month	
<input type="checkbox"/>	Employee & Child (ren)	\$26.92/pay	\$53.84/month	
<input type="checkbox"/>	Family	\$34.58/pay	\$69.14/month	
<input type="checkbox"/>	Waive Dental Plan Coverage			
<b>Vision Plan (vision is not bundled with a plan)</b>		<b>Stand Alone</b>		
<input type="checkbox"/>	Employee Only	\$2.00/pay	\$4.00/month	
<input type="checkbox"/>	Employee/Spouse	\$5.37/pay	\$10.74/month	
<input type="checkbox"/>	Employee & Child (ren)	\$4.80/pay	\$9.60/month	
<input type="checkbox"/>	Family	\$6.17/pay	\$12.34/month	
<input type="checkbox"/>	Waive Vision Coverage			

Name: \_\_\_\_\_ COST\$ \_\_\_\_\_ (Payroll deduct in 24 pays; bi-monthly)  
 Date of Hire: \_\_\_\_\_ 30 days: \_\_\_\_\_ 60 Days: \_\_\_\_\_ Eligible: \_\_\_\_\_

## 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, 2020. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>ALASKA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ARKANSAS – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>CALIFORNIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCO_nt.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCO_nt.aspx</a> Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864



<p><b>IOWA – Medicaid, and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563</p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>  Phone: 1-800-792-4884</p>	<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p>KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  The toll-free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p><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>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  Phone: 1-800-862-4840</p>	<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”]  Phone: 1-800-657-3739</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>	<p><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>

<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a>  Phone: 1-800-692-7462</p>	<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct RItte Share Line)</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a>  Medicaid Phone: 1-800-432-5924  CHIP Phone: 1-855-242-8282</p>
<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>  Phone: 1-800-362-3002</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>  Phone: 307-777-7531</p>

To see if any other states have added a premium assistance program since January 31, 2020, 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. 6156

## 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 a 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 [ebesa.opr@dol.gov](mailto:ebesa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires  
1/31/2023)

Arbutus Park Manor - Johnstown (15904)

**YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY WORK PARTNERS**

Send Bills To PO Box 2971, Pittsburgh, PA 15230 Fax: (412) 454-8717

To Report a Claim Call: 1-800-633-1197

WC Policy: WC200-2029766-2019A/

Policy Effective Date:11/05/2019

**NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances, and prostheses, including training in their use.
2. To ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers.
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer-designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

Name	Address	Scheduling	Area of Specialty
Workplace Health - Johnstown	338 Bloomfield St, Ste 101 Johnstown, PA 15904	814-361-2307	Occupational Mec
Conemaugh Corporate Care - East Hills	1450 Scalp Ave, Ste 106 Johnstown, PA 15904	814-266-8466	Occupational Mec
Med Express Urgent Care - Johnstown	1221 Scalp Ave Johnstown, PA 15904	814-266-1138	Urgent Care
<i>Concentra Telemed</i> <i>Patient Access: <a href="http://www.concentratelemed.com">www.concentratelemed.com</a></i> <i>Employer Information: <a href="http://www.concentra.com/telemedicine">www.concentra.com/telemedicine</a></i>	<i>Available 24/7. Download the Concentra Telemed app via the Apple App/ Google Play Store or visit the website to left.</i>	<i>855-835-6337</i>	<i>Occupational Mec via Telemed App</i>
Conemaugh Physician Group - Surgery	415 Napoleon Place Johnstown, PA 15905	814-534-1650	General Surgery
Conemaugh Physician Group - Neurosurgery	1111 Franklin St, Ste 130 Johnstown, PA 15905	814-534-5724	Neurosurgery
Center for Orthopedics & Sports Medicine - Johnstown	321 Main St, Unit 3C Johnstown, PA 15901	814-535-6521	Orthopedics

Western Pennsylvania Orthopedic & Sports Medicine	2 Celeste Dr Johnstown, PA 15905	814-255-6781	Orthopedics
Ophthalmic Associates - Downtown Johnstown	120 Main St Johnstown, PA 15901	814-536-5343	Ophthalmology
One Call Physical Therapy	Call Toll-Free for Closest Location	1-844-284-2525	Physical Therapy
One Call Chiropractic	Call Toll-Free for Closest Location	1-844-284-2525	Chiropractic
One Call Imaging Services	Call Toll-Free for Closest Location	1-844-284-2525	Diagnostic Imagin
One Call Durable Medical Equipment	Call Toll-Free for Supplier	1-844-284-2525	DME
myMatrixx (an Express Scripts company)	Call Toll-Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy

**Panel Updated 7/1/2020**

## ARBUTUS PARK RETIREMENT COMMUNITY

### CTR ISolved Employee Portal Access

Our employee portal allows you to view and print your pay stubs, see pertinent team members, and company information along with the ability to view and/or edit employee information. Please carefully read the following instructions before activating your employee account.

Look for an e-mail from [ctr@mysolved.com](mailto:ctr@mysolved.com). This e-mail will contain a link with instructions on activating your account. If you do receive this email, please check your Spam/Junk Folder.

#### To activate your account:

Step 1: Click the link within the e-mail to begin

Step 2: Enter your authorization code-this is the last 4 digits of your social security number

Step 3: Complete the required fields including your challenge question and answer (Remember this question as this is how you will reset your password if you forget!)

After doing these 3 steps, you have activated your account. **After activating your account, DELETE the activation e-mail as this link is no longer valid.** Now that you are activated, you will follow these steps to log in:

Step 1: Go to <https://cohere.ctrhcm.com/UserLogin.aspx> (save this link as a favorite or desktop icon)

Step 2: Enter your username (your e-mail address) and password you created during activation

**Some important notes:** We recommend using the Chrome Web Browser for the best experience. If you forget your password, click "Forgot My Password" on the login screen. This will allow you to reset your password by answering the challenge question you originally set up. Please utilize this feature before contacting CTR Support.

#### Directions for using the Time Clock App

1. Double click on the icon
2. Type in the numbers that you use at the time clock; however, if your 4 digits start with a 0 only type the last 3 digits. (Ex: #0123 – type 123) OR (Ex: #0012 – type 12)
3. Select the punch icon
4. Click on "punch" (your punch is accepted, you may log out)

#### Directions To Check to See if You Have Clocked In or Out

1. Log in to the app
2. Select the Report Icon
3. Select open at the bottom of the screen to view your punch for the current pay period.
4. Log Out