Tallmadge City Schools
2027 Required Plan Notices

Tallmadge City Schools Employee Health Care Plan

Plan year: January 1–December 31, 2027

Please read these notices carefully and keep this packet for your records.

PARAGON RISK ADVISERS

Benefits communication prepared for Tallmadge City Schools

About This Notice Packet

This packet consolidates important federal notices and related plan information for participants and beneficiaries of the Tallmadge City Schools Employee Health Care Plan for the 2027 plan year.

The notices describe special enrollment rights, privacy practices, continuation coverage, patient protections, prescription drug coverage and other protections that may apply to you and your family. They do not replace the Plan Document, Summary Plan Description, insurance certificates or applicable law. If this packet conflicts with a governing plan document, the governing document controls, subject to applicable law.

Notices included

- HIPAA Special Enrollment Notice
- Section 125 Information
- Notice of Availability of the Plan Notice of Privacy Practices
- Newborns' and Mothers' Health Protection Act
- GINA Warning for Program Materials Requesting Medical Information
- Women's Health and Cancer Rights Notice
- Notice Regarding the Tallmadge City Schools Wellness Program
- Protection from Disclosure of Medical Information
- Premium Assistance Under Medicaid and CHIP
- General Notice of Public Sector COBRA Continuation Coverage Rights
- Notice of Patient Protections
- Medicare Part D Creditable Coverage Notice

Questions

For questions about these notices, eligibility or enrollment, contact the Tallmadge City Schools benefits contact below.

PLAN CONTACT

Tallmadge City Schools Employee Health Care Plan
Dustin Boswell, Treasurer
486 East Avenue, Tallmadge, OH 44278
330-633-3291 x8102
boswell.dustin@tallmadgeschools.org

HIPAA Special Enrollment Notice

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

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

Special enrollment rights also may apply if:

- You or your dependents lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- You or your dependents become eligible for a state premium-assistance subsidy through Medicaid or CHIP for coverage under this Plan and you request enrollment within 60 days after the eligibility determination.

The 60-day request period applies only to the Medicaid and CHIP circumstances described above. A 30-day request period applies to the other special enrollment events described in this notice.

TO REQUEST SPECIAL ENROLLMENT

Tallmadge City Schools Employee Health Care Plan
Dustin Boswell, Treasurer
486 East Avenue, Tallmadge, OH 44278
330-633-3291 x8102
boswell.dustin@tallmadgeschools.org

Section 125 Information

Tallmadge City Schools permits eligible employees to pay their required contributions for certain benefit coverage on a pre-tax basis under its Section 125 cafeteria plan. Pre-tax deductions may reduce federal income and employment taxes, subject to applicable law.

By electing pre-tax coverage, an employee authorizes Tallmadge City Schools to deduct the employee's required contribution before taxes. Once an election takes effect, it generally may be changed only during the Plan's annual enrollment period or following an event that permits a change under the Section 125 Plan Document and applicable law. Election changes must be requested within the time and in the manner required by the Plan.

If this summary conflicts with the Section 125 Plan Document, the Section 125 Plan Document controls.

Notice of Availability of the Plan Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH EXPLAINS HOW THE PLAN MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION AND DESCRIBES YOUR RIGHTS.

The Tallmadge City Schools Employee Health Care Plan provides health benefits to eligible employees of Tallmadge City Schools and their eligible dependents as described in the Plan's governing documents. In administering these benefits, the Plan creates, receives, uses, maintains and discloses health information about covered individuals.

The Plan is required by law to provide participants with a Notice of Privacy Practices describing the Plan's legal duties and privacy practices and the ways the Plan may use and disclose protected health information. You may request a paper or electronic copy at any time.

TO REQUEST THE NOTICE OF PRIVACY PRACTICES

Tallmadge City Schools Employee Health Care Plan
Dustin Boswell, Treasurer
486 East Avenue, Tallmadge, OH 44278
330-633-3291 x8102
boswell.dustin@tallmadgeschools.org

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours, as applicable). Plans and issuers may not require a provider to obtain authorization from the Plan or insurer for prescribing a length of stay that does not exceed 48 hours (or 96 hours, as applicable).

GINA Warning for Program Materials Requesting Medical Information

When responding to a request for medical information from Tallmadge City Schools or a program acting on its behalf, do not provide genetic information.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information about an individual or the individual's family member, except as specifically allowed by law. To comply with GINA, Tallmadge City Schools asks that you not provide genetic information when responding to a request for medical information.

"Genetic information," as defined by GINA, includes an individual's family medical history; the results of the individual's or a family member's genetic tests; the fact that the individual or a family member sought or received genetic services; and genetic information about a fetus carried by the individual or a family member or an embryo lawfully held by the individual or a family member receiving assisted reproductive services.

Women's Health and Cancer Rights Notice

The Tallmadge City Schools Employee Health Care Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services. Coverage is provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications at all stages of the mastectomy, including lymphedema.

These benefits are subject to the same deductibles, copayments, coinsurance and other Plan terms that apply to other medical and surgical benefits. For more information about WHCRA benefits, contact the benefits contact listed below or Medical Mutual at the member-services number on your identification card.

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Notice Regarding the Tallmadge City Schools Wellness Program

Tallmadge City Schools may offer a voluntary wellness program to eligible employees. The program is administered in accordance with federal rules governing employer-sponsored wellness programs, including the Americans with Disabilities Act, GINA and HIPAA, as applicable.

Depending on the program offered for the year, participants may be invited to complete a voluntary health-risk assessment, biometric screening, annual physical or other health-related activity. Participation is voluntary. Any available incentives, eligibility criteria and deadlines are described in the applicable negotiated agreement and wellness-program materials.

If you are unable to participate in a health-related activity or achieve a health outcome required to earn an incentive, you may be entitled to a reasonable accommodation or a reasonable alternative standard. Tallmadge City Schools will work with you and, if you wish, your physician to identify an option appropriate for you in light of your health status.

Information from a health-risk assessment, biometric screening or other wellness activity may be used to help you understand your current health and potential risks and to offer you wellness services. You are encouraged to discuss results or concerns with your physician.

TO REQUEST AN ACCOMMODATION OR ALTERNATIVE STANDARD

Tallmadge City Schools Employee Health Care Plan
Dustin Boswell, Treasurer
486 East Avenue, Tallmadge, OH 44278
330-633-3291 x8102
boswell.dustin@tallmadgeschools.org

Protection from Disclosure of Medical Information

Tallmadge City Schools and any wellness-program vendor are required to protect the privacy and security of personally identifiable health information. Tallmadge City Schools may receive aggregate information used to design or evaluate a wellness program, but personally identifiable medical information will not be provided to supervisors or managers or used to make employment decisions, except as needed to respond to your request for a reasonable accommodation or as otherwise expressly permitted by law.

Health information will not be sold, exchanged, transferred or otherwise disclosed except as permitted by law to carry out specific wellness-program activities. You will not be asked or required to waive confidentiality as a condition of participating in a wellness program or receiving an incentive. Individuals who receive your information to provide wellness-program services must comply with applicable confidentiality requirements.

Medical information obtained through the wellness program will be maintained separately from personnel records. Appropriate administrative, technical and physical safeguards will be used to protect electronically stored information. Tallmadge City Schools will provide notices of a breach as required by applicable law.

You may not be discriminated against in employment because of medical information you provide through the wellness program, and you may not be retaliated against for choosing not to participate.

Questions or concerns: Contact Dustin Boswell, Treasurer, at 330-633-3291 x8102 or boswell.dustin@tallmadgeschools.org.

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 are eligible for health coverage from your employer, your state may have a premium-assistance program that can help pay for coverage using funds from Medicaid or CHIP. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium-assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. Visit HealthCare.gov for more information.

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 learn whether premium assistance is available.

If you or your dependents are not currently enrolled in Medicaid or CHIP and you think you may be eligible, contact your state office, call 1-877-KIDS NOW (1-877-543-7669), or visit InsureKidsNow.gov. If you qualify, ask your state whether it has a program that may help pay premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP and are also eligible under the employer plan, Tallmadge City Schools must allow you to enroll in the employer plan if you are not already enrolled. You must request coverage within 60 days after being determined eligible for premium assistance.

The following list is current as of July 31, 2026. Contact your state for the latest eligibility and program information.

State / program	Contact information
Alabama — Medicaid	Website: http://myalhipp.com/ Phone: 1-855-692-5447
Alaska — Medicaid	AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
Arkansas — Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)
California — Medicaid	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
Colorado — Health First Colorado and CHP+	Health First Colorado: https://www.healthfirstcolorado.com/ Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program: https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
Florida — Medicaid	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

State / program	Contact information
Georgia — Medicaid	GA HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, press 1 GA CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, press 2
Illinois — Medicaid	Medicaid application: https://abe.illinois.gov HIPP Hotline: 217-524-8268 Email: mhfs.boc.hipp@illinois.gov
Indiana — Medicaid	Health Insurance Premium Payment Program / all other Medicaid Website: https://www.in.gov/medicaid/ Family and Social Services Administration: http://www.in.gov/fssa/dfr/ Phone: 1-800-403-0864 Member Services: 1-800-457-4584
Iowa — Medicaid and CHIP (Hawki)	Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Medicaid phone: 1-800-338-8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki Hawki phone: 1-800-257-8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp HIPP phone: 1-888-346-9562
Kansas — Medicaid	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP phone: 1-800-967-4660
Kentucky — Medicaid	KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid: https://chfs.ky.gov/agencies/dms
Louisiana — Medicaid	Louisiana Medicaid: https://www.ldh.la.gov/healthy-louisiana Customer service: 1-888-342-6207 Email: healthy@la.gov LaHIPP: https://www.ldh.la.gov/lahipp Phone: 1-877-697-6703 Email: La.HIPP@la.gov Fax: 1-888-716-9787
Maine — Medicaid	Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003; TTY: Maine Relay 711 Private health insurance premium information: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740; TTY: Maine Relay 711
Massachusetts — Medicaid and CHIP	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840; TTY: 711 Email: masspremassistance@accenture.com

State / program	Contact information
Minnesota — Medicaid	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
Missouri — Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
Montana — Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
Nebraska — Medicaid	Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada — Medicaid	Website: http://dhcfp.nv.gov Phone: 1-800-992-0900
New Hampshire — Medicaid	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll-free HIPP: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
New Jersey — Medicaid and CHIP	Medicaid: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP: http://www.njfamilycare.org/index.html Phone: 1-800-701-0710 (TTY: 711) CHIP Premium Assistance: 609-631-2392
New York — Medicaid	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
North Carolina — Medicaid	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
North Dakota — Medicaid	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
Oklahoma — Medicaid and CHIP	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
Oregon — Medicaid	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
Pennsylvania — Medicaid and CHIP	Medicaid HIPP: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx Phone: 1-800-986-KIDS (5437)
Rhode Island — Medicaid and CHIP	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (direct RIte Share line)
South Carolina — Medicaid	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
South Dakota — Medicaid	Website: http://dss.sd.gov Phone: 1-888-828-0059
Texas — Medicaid	HIPP: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493

State / program	Contact information
Utah — Medicaid and CHIP	Utah's Premium Partnership for Health Insurance: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion: https://medicaid.utah.gov/expansion/ Medicaid Buyout: https://medicaid.utah.gov/buyout-program/ CHIP: https://chip.utah.gov/
Vermont — Medicaid	HIPP: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
Virginia — Medicaid and CHIP	FAMIS Select: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select HIPP: https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Phone: 1-800-432-5924
Washington — Medicaid	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
West Virginia — Medicaid and CHIP	Websites: https://bms.wv.gov/ and http://mywvhipp.com/ Medicaid phone: 304-558-1700 CHIP/HIPP: 1-855-MyWVHIPP (1-855-699-8447)
Wisconsin — Medicaid and CHIP	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
Wyoming — Medicaid	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Federal resources

To learn whether other states have added a premium-assistance program since July 31, 2026, or for more information about special enrollment rights, contact:

U.S. Department of Labor Employee Benefits Security Administration https://www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services https://www.cms.gov 1-877-267-2323, menu option 4, ext. 61565

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless the collection displays a valid Office of Management and Budget 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 Paperwork Reduction Act 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. OMB Control Number 1210-0137 (expires May 31, 2029).

General Notice of Public Sector COBRA Continuation Coverage Rights

IMPORTANT: CONTINUATION COVERAGE RIGHTS UNDER THE TALLMADGE CITY SCHOOLS EMPLOYEE HEALTH CARE PLAN

Introduction

You are receiving this notice because you recently gained coverage under a group health plan. This notice contains important information about your right to continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), a temporary extension of Plan coverage. It explains when continuation coverage may become available to you and your family and what you must do to protect your rights. When you become eligible for continuation coverage, you may also become eligible for other coverage options that cost less.

For state and local governmental group health plans, the right to COBRA continuation coverage is provided under Title XXII of the Public Health Service Act. Continuation coverage may become available to you and other members of your family when group health coverage otherwise would end. For more information about your rights and obligations under the Plan and federal law, review the Plan's governing documents or contact the Plan Administrator.

You may have other options when group health coverage ends. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace and may qualify for premium tax credits or reduced out-of-pocket costs. You may also qualify for a special enrollment period in another group health plan for which you are eligible, such as a spouse's plan.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage otherwise would end because of a life event called a qualifying event. After a qualifying event, continuation coverage must be offered to each qualified beneficiary. You, your spouse and your dependent children could become qualified beneficiaries if Plan coverage is lost because of a qualifying event. Qualified beneficiaries who elect continuation coverage must pay for that coverage.

If you are an employee, you become a qualified beneficiary if you lose coverage under the Plan because:

- Your hours of employment are reduced; or
- Your employment ends for a reason other than gross misconduct.

If you are the spouse of a covered employee, you become a qualified beneficiary if you lose coverage because:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for a reason other than gross misconduct;
- Your spouse becomes entitled to Medicare benefits under Part A, Part B or both; or
- You become divorced or legally separated from your spouse.

A covered dependent child becomes a qualified beneficiary if coverage is lost because:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for a reason other than gross misconduct;
- The parent-employee becomes entitled to Medicare benefits under Part A, Part B or both;
- The parents become divorced or legally separated; or
- The child stops being eligible under the Plan as a dependent child.

When is continuation coverage available?

The Plan will offer continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event occurred. Tallmadge City Schools will notify the Plan Administrator of the end of employment, a reduction in hours, the employee's death or the employee's becoming entitled to Medicare benefits.

For divorce or legal separation of the employee and spouse, or a dependent child's loss of eligibility as a dependent child, you must notify the Plan Administrator in writing within 60 days after the qualifying event. Your notice must identify the applicable Plan or plans, the employee and qualified beneficiary, the qualifying event and the date it occurred. The Plan Administrator may request documents supporting the event.

WHERE TO SEND A QUALIFYING-EVENT NOTICE

Tallmadge City Schools Employee Health Care Plan
Dustin Boswell, Treasurer
486 East Avenue, Tallmadge, OH 44278
330-633-3291 x8102
boswell.dustin@tallmadgeschools.org

How is continuation coverage provided?

After the Plan Administrator receives timely notice of a qualifying event, continuation coverage will be offered to each qualified beneficiary. Each qualified beneficiary has an independent right to elect coverage. A covered employee may elect on behalf of a spouse, and a parent may elect on behalf of a child.

Continuation coverage generally lasts up to 18 months when the qualifying event is termination of employment or reduction in hours. Certain events, or a second qualifying event during the initial continuation period, may permit a spouse or dependent child to receive up to 36 months of coverage.

Disability extension of an 18-month period

If Social Security determines that you or a family member covered under the Plan is disabled, you notify the Plan Administrator in the required time and manner, and the other applicable conditions are met, the qualified beneficiaries may be entitled to up to 11 additional months of continuation coverage, for a maximum of 29 months. The disability must have started before the 60th day of continuation coverage and must last at least through the end of the original 18-month period. Contact the Plan Administrator promptly for the Plan's disability-notice procedures and deadlines.

Second qualifying-event extension

If a family experiences another qualifying event during an 18-month continuation period, the spouse and dependent children may receive up to 18 additional months of coverage, for a maximum of 36 months, if the Plan is notified in the required time and manner. The second event may include the employee's death, Medicare entitlement, divorce or legal separation, or a dependent child's loss of eligibility. The extension is available only if the second event would have caused the spouse or dependent child to lose coverage if the first qualifying event had not occurred.

Other coverage options

Instead of continuation coverage, you and your family may have other coverage options through the Health Insurance Marketplace, Medicare, Medicaid, CHIP or another group health plan, such as a spouse's plan, through a special enrollment period. Some options may cost less. Visit HealthCare.gov for more information.

Medicare and continuation coverage

If you did not enroll in Medicare Part A or Part B when first eligible because you were still employed, you generally have an eight-month special enrollment period beginning with the month after employment ends or the month after group health coverage based on current employment ends, whichever occurs first.

If you elect continuation coverage and later enroll in Medicare Part A or Part B before continuation coverage ends, the Plan may terminate your continuation coverage. If Medicare Part A or Part B is effective on or before the date you elect continuation coverage, continuation coverage generally may not be discontinued solely because of Medicare entitlement, even if you enroll in the other part of Medicare after electing continuation coverage. If enrolled in both Medicare and continuation coverage, Medicare generally pays first and continuation coverage pays second. Visit Medicare.gov or call 1-800-MEDICARE for more information.

Questions and federal information

Questions about the Plan or your continuation-coverage rights should be directed to the Plan contact below. The Centers for Medicare & Medicaid Services has federal jurisdiction over continuation-coverage requirements for state and local governmental group health plans. Public-sector COBRA information is available at cms.gov/marketplace/about/oversight/other-insurance-protections/cobra, or by emailing phig@cms.hhs.gov. Marketplace information is available at HealthCare.gov.

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boswell.dustin@tallmadgeschools.org

Keep the Plan informed of address changes

To protect your family's rights, promptly tell the Plan Administrator about changes in the addresses of family members. Keep copies of notices and supporting documents that you send to the Plan Administrator.

Notice of Patient Protections

The Plan does not require you to designate a primary care provider. You do not need prior authorization from the Plan or any other person, including a primary care provider, to obtain access to obstetrical or gynecological care from a participating health care professional who specializes in obstetrics or gynecology. The professional may be required to comply with Plan rules for referrals, prior authorization for certain services or an approved treatment plan.

For a list of participating providers, help locating a provider, or information about applicable Plan requirements, contact Medical Mutual at the member-services number shown on your identification card or use the provider-search tools at member.medmutual.com.

Important Notice About Your Prescription Drug Coverage and Medicare

CREDITABLE COVERAGE NOTICE — ISSUED OCTOBER 1, 2026

Please read this notice carefully and keep it where you can find it. This notice contains information about your current prescription drug coverage under the Tallmadge City Schools Employee Health Care Plan and your options under Medicare prescription drug coverage. This information can help you decide whether to join a Medicare drug plan. If you are considering joining, compare your current coverage—including which drugs are covered and at what cost—with the coverage and costs of Medicare drug plans available in your area.

There are two important things you need to know about your current coverage and Medicare prescription drug coverage:

1. Medicare prescription drug coverage is available to everyone with Medicare. You can get this coverage by joining a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare; some offer additional coverage for a higher premium.
2. Tallmadge City Schools has determined that prescription drug coverage offered under the Tallmadge City Schools Employee Health Care Plan is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you may keep it and generally will not pay a higher premium—a late-enrollment penalty—if you later join a Medicare drug plan, provided you enroll within the applicable time period.

When may 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 through December 7. If you lose your current creditable prescription drug coverage through no fault of your own, you generally have a two-month Special Enrollment Period to join a Medicare drug plan.

What happens to your current coverage if you join a Medicare drug plan?

If you join a Medicare drug plan while covered under the Tallmadge City Schools Employee Health Care Plan because of your employment or another person's employment, your current Plan coverage may coordinate with Medicare. Review the Plan's governing documents or contact the Plan for information about how benefits coordinate.

If you decide to join a Medicare drug plan and drop your Tallmadge City Schools prescription drug coverage, you and your dependents may not be able to get this coverage back until permitted by the Plan's eligibility and enrollment rules. Review the Plan's governing documents before dropping coverage.

When will you pay a higher premium to join a Medicare drug plan?

If you go 63 continuous days or longer without creditable prescription drug coverage after the end of your Medicare initial enrollment period, your monthly Medicare Part D premium may increase. The premium generally may increase by at least 1% of the Medicare base beneficiary premium for each month you lacked creditable coverage, and you may pay the higher amount for as long as you have Medicare drug coverage.

For more information about this notice or your current coverage

Contact Dustin Boswell, Treasurer, at 330-633-3291 x8102 or boswell.dustin@tallmadgeschools.org. You will receive this notice each year. You will also receive it before the next period in which you can join a Medicare drug plan and if this coverage changes. You may request a copy at any time.

For more information about Medicare prescription drug coverage

- Visit Medicare.gov.
- Review the Medicare & You handbook sent each year by Medicare.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.
- Contact Ohio's State Health Insurance Assistance Program for personalized help.

If you have limited income and resources, Extra Help may be available to pay Medicare prescription drug costs. Visit ssa.gov/medicare/part-d-extra-help or call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

Notice information

Date	October 1, 2026
Entity / sender	Tallmadge City Schools
Contact	Dustin Boswell, Treasurer
Address	486 East Avenue, Tallmadge, OH 44278
Phone / email	330-633-3291 x8102 | boswell.dustin@tallmadgeschools.org

Keep This Packet

Keep this packet with your benefit records. It contains important information about enrollment rights, privacy, continuation coverage, patient protections and Medicare prescription drug coverage.

For a replacement copy or questions about how a notice applies to your circumstances, contact the Tallmadge City Schools Benefits Help Desk.

BENEFITS HELP DESK

Tallmadge City Schools Employee Health Care Plan
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