

ANNUAL HEALTH NOTICES



NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S 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. 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.

The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to mental

health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health

Insurance Program). Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

PREMIUM ASSISTANCE UNDER MEDICAID AND 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

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 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 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:

ALABAMA: Medicaid
Website: <http://myalhipp.com/>
Phone: **1.855.692.5447**

ALASKA: Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: **1.866.251.4861**
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

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ARKANSAS: Medicaid
Website: <http://myarhipp.com/>
Phone: **1.855.MyARHIPP (855.692.7447)**

COLORADO: Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: **1.800.221.3943**/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/childhealth-plan-plus>
CHP+ Customer Service: **1.800.359.1991**/ State Relay 711

FLORIDA: Medicaid
Website: <http://flmedicaidprecovery.com/hipp/>
Phone: **1.877.357.3268**

GEORGIA: Medicaid
Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: **678.564.1162** ext 2131

INDIANA: Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: **1.877.438.4479**
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone **1.800.403.0864**

IOWA: Medicaid
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: **1.800.338.8366**
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: **1.800.257.8563**

KANSAS: Medicaid
Website: <http://www.kdheks.gov/hcf/default.htm>
Phone: **1.800.792.4884**

KENTUCKY: Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: **1.855.459.6328**
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: **1.877.524.4718**
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA: Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp
Phone: **1.888.342.6207** (Medicaid hotline) or

1.855.618.5488 (LaHIPP)

MAINE: Medicaid
Website: <http://www.maine.gov/dhhs/ofi/publicassistance/index.html>
Phone: **1.800.442.6003** TTY: Maine relay 711

MASSACHUSETTS: Medicaid and CHIP Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: **1.800.862.4840**

MINNESOTA: Medicaid
<https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/medical-assistance.jsp>
[Under ELIGIBILITY tab, see "what if I have other health insurance?"]
Phone: **1.800.657.3739**

MISSOURI: Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: **1.573.751.2005**

MONTANA: Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: **1.800.694.3084**

NEBRASKA: Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: **1.855.632.7633** Lincoln: **1.402.473.7000** Omaha: **1.402.595.1178**

NEVADA: Medicaid
Website: <http://dhcfp.nv.gov>
Medicaid Phone: **1.800.992.0900**

NEW HAMPSHIRE: Medicaid
Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: **1.603.271.5218**
Toll free number for the HIPP program: **1.800.852.3345**, ext 5218

NEW JERSEY: Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: **1.609.631.2392**
CHIP Website: <http://www.njfamilycare.org/index.html> CHIP
Phone: **1.800.701.0710**

NEW YORK: Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: **1.800.541.2831**

NORTH CAROLINA: Medicaid
Website: <https://dma.ncdhhs.gov>
Phone: **1.919.855.4100**

NORTH DAKOTA: Medicaid
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

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> <http://www.oregonhealthcare.gov/index-es.html>
Phone: **1.800.699.9075**

PENNSYLVANIA: Medicaid
Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: **1.800.692.7462**

RHODE ISLAND: Medicaid
Website: <http://www.eohhs.ri.gov/>
Phone: **1.855.697.4347**, or **1.401.462.0311** (Direct Rte 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
Website: <http://gethipptexas.com/>
Phone: **1.800.440.0493**

UTAH: Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: **1.877.543.7669**

VERMONT: Medicaid
Website: <http://www.greenmountaincare.org/>
Phone: **1.800.250.8427**

VIRGINIA: Medicaid and CHIP
Website: <https://www.coverva.org/hipp/>
Medicaid Phone: **1.800.432.5924**
CHIP Phone: **1.855.242.8282**

WASHINGTON: Medicaid
Website: <https://www.hca.wa.gov/>
Phone: **1.800.562.3022**

WEST VIRGINIA: Medicaid
Website: <http://mywvhipp.com/>
Toll-free phone: **1.855.MyWVHIPP (1.855.699.8447)**

WISCONSIN: Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: **1.800.362.3002**

WYOMING: Medicaid
Website:

<https://wyequalitycare.acs-inc.com/>
Phone: **1.307.777.7531**

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
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov
Phone: **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 and reference the OMB Control Number 1210-0137.

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