

# *Welcome to Open Enrollment*

Plan Year: 2023



# *Pick the best benefits for you and your family.*

Brown County Schools Benefits Consortium strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we have put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefit offerings so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on **11/1/23**.

## Table of Contents

<b>Table of Contents</b>	<b>2</b>
<i>Who Is Eligible?</i>	3
<i>When to Enroll</i>	3
<i>How to Make Changes</i>	3
<b>What’s Changing?</b>	<b>4</b>
<b>Your Benefit Contacts</b>	<b>5</b>
<b>Your EMS Contact</b>	<b>6</b>
<b>Health Insurance</b>	<b>7</b>
<b>Dental Insurance</b>	<b>9</b>
<b>Vision Insurance</b>	<b>11</b>
<b>Basic Life Insurance</b>	<b>12</b>
<b>Voluntary Life Insurance</b>	<b>12</b>
<b>Questions &amp; Answers</b>	<b>13</b>
<b>Annual Compliance Notices</b>	<b>14</b>



## *Who Is Eligible?*

If you are a full-time employee, you are eligible to enroll in the benefits outlined in this guide. In addition, the following family members are eligible for medical, dental and vision coverage:

- Spouse
- Dependent children who have not attained age 26 for medical, dental, vision or voluntary life
- Dependent children of any age if they become mentally or physically incapable of self-support before age 19 and remain incapacitated and enrolled in the plan

## *When to Enroll*

Open enrollment begins 10/2/2023 and runs through 10/27/2023. The benefits you choose during open enrollment will become effective on 11/1/2023.

## *How to Make Changes*

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent

# What's Changing for 2023?

## Health Plan:

- 1) The following changes will be made to the PPO health plan effective 1/1/24. For the remainder of the 2023 calendar year, your benefits will continue as is. Prior to 1/1/24, you will receive a new ID card based on the new benefits beginning 1/1/24:
  - a. Single Deductible increasing from \$1,000 to \$1,750
  - b. Family Deductible increasing from \$2,000 to \$3,500
  - c. Single Out of Pocket maximum increasing from \$2,250 to \$3,500
  - d. Family Out of Pocket maximum increasing from \$4,500 to \$7,000
- 2) Effective 11/1/23, you will have a \$10 copay for Virtual Visits

## Dental Plan:

- 1) Dependent Age Limit will increase to age 26 effective 11/1/23. Dependent will remain on plan until end of birth month they turn age 26. **If a dependent was previously terminated due to age, you will need to re-enroll that dependent during this open enrollment period.**

## Vision Plan:

- 1) Dependent Age Limit will increase to age 26 effective 11/1/23. Dependent will remain on plan until end of birth month they turn age 26. **If a dependent was previously terminated due to age, you will need to re-enroll that dependent during this open enrollment period.**
- 2) Frame allowance will increase to \$200 with VSP
- 3) VSP will offer a Lightcare Benefit at no additional cost. Those choosing to enroll in the vision plan, are able to use your frame allowance to purchase non prescription glasses or sunglasses with blue light lenses

# Your Benefit Contacts

Benefit	Vendor	Contact Information
<b>Medical and Prescription Drug Plan</b>	UnitedHealthcare Optum Rx	<b>Member Services: 1-866-633-2446</b> Care 24: 1-888-887-4114 Claim Address: United Healthcare, PO Box 30555 Salt Lake City UT 84130-0555 Website: <a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Dental Plan</b>	Guardian DentalGuard Network	<b>Member Services: 1-800-541-7846</b> Claim Address: PO Box 981572 El Paso, TX 79998-1572 Website: <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
<b>Vision Plan</b>	VSP Signature Network	<b>Member Services: 1-800-877-7205</b> Claim Address: Vision Service Plan, P.O. Box 997105, Sacramento, CA 95899-7105 Website: <a href="http://vsp.com">vsp.com</a>
<b>Life and AD&amp;D</b>	MetLife	<b>Member Services : (877) 238-6420</b> <b>Website:</b> <a href="http://www.metlife.com">www.metlife.com</a>
<b>Claims Advocate / Benefit Consultant</b>	MarshMcLennan Agency	<b>Claims Manager- Leslie Hayes- PH: 513-707-1751</b> Email: <a href="mailto:Leslie.Hayes@marshmma.com">Leslie.Hayes@marshmma.com</a>  <b>Client Advisor- Michelle Hanna- PH: 859-816-2515</b> Email: <a href="mailto:Michelle.Hanna@marshmma.com">Michelle.Hanna@marshmma.com</a>  <b>Account Manager- Kara Valle- PH: 513-707-5024</b> Email: <a href="mailto:Kara.Valle@marshmma.com">Kara.Valle@marshmma.com</a>  <b>MarshMcLennan Office:</b> 6279 Tri-Ridge Blvd. Suite 400 Loveland, OH 45140 Toll Free Number: 1-800-949-1167

# Enrollment Management Services

Brown County Schools Benefits Consortium is committed to providing a comprehensive and affordable health plan for all our employees. We have worked hard to maintain our health plan, but we also recognize that some employees have other insurance options available based on their unique situations.

To better support the insurance options of all employees, we partnered with the healthcare consulting team of Enrollment Management Services (EMS). As a partner with Brown County Schools Benefits Consortium, we wanted to make sure all employees learned about EMS's support tools.

While everyone's situation is different EMS has successfully helped employee find way to make their healthcare plan work better for them and their families. Whether an employee enrolls with our employer group plan or identifies another outside resource, we believe everyone benefits by understanding all their options.

Going forward, the EMS team will be available to help our employees throughout the year. If you experience certain life events (new hire, termination, increased utilization, FMLA, etc.), EMS will proactively reach out to see if there is anything we can do to help. As a reminder, any interaction with EMS is private and protected under HIPAA. No PHI is shared back with Brown County Schools Benefits Consortium.

The EMS team will be assisting employees explore alternative benefits to them such as:

- Coverage through your spouse
- Medicare or Medicaid
- VA or Retiree plan, Individual plans or other

Keep in mind, EMS is a FREE resource provided to you by Brown County Schools Benefits Consortium.

**Trisha Miller is the EMS Resource Specialist for Brown County Schools Benefits Consortium. Please reach out to her directly at: 513.924.4346, [trisha@enrollmentmanagementservices.com](mailto:trisha@enrollmentmanagementservices.com)**

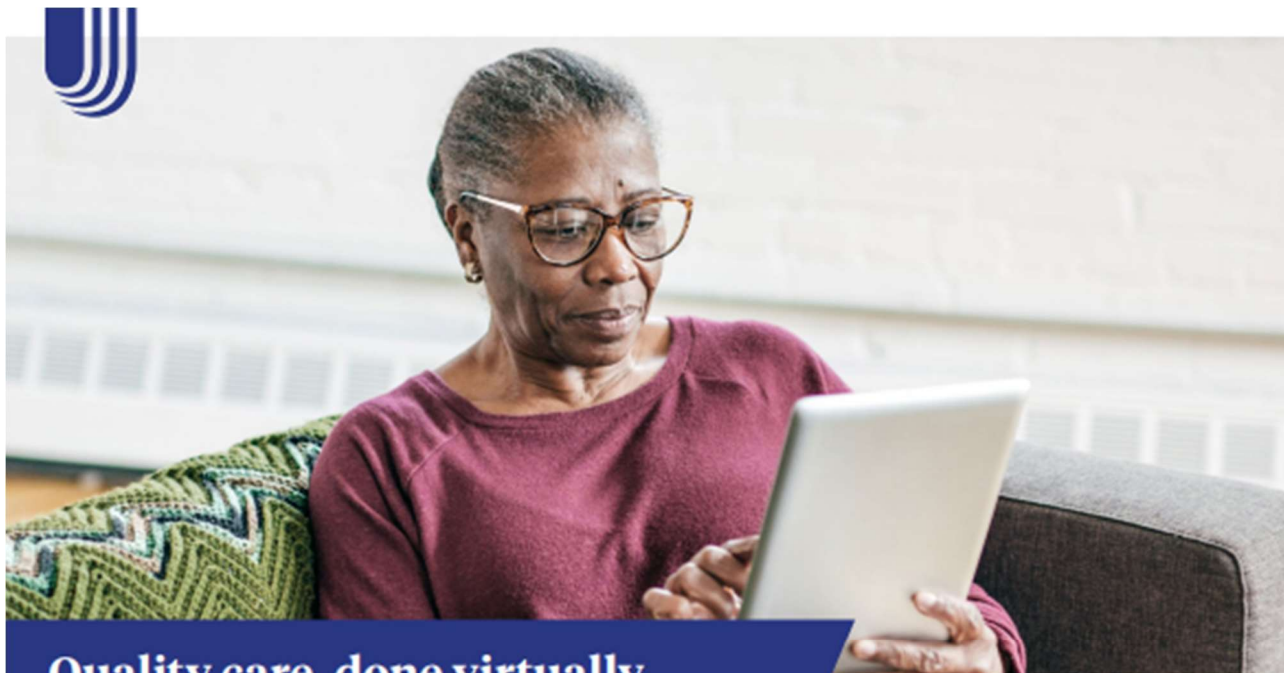


# Health Insurance

UnitedHealthcare will continue to be our insurance provider for the health benefit program. Out-of-network coverage is available at a higher cost to you. Please refer to plan certificate for details and visit [www.myuhc.com](http://www.myuhc.com) to locate in-network providers.

Services	United Healthcare Choice Plus
<b>Preventive Care</b>	100%, deductible does not apply
<b>Physician Office Visit</b> *PCP includes family practice, general physician, internist, pediatricians, OB/GYNs	\$30 copayment Primary Care Physician*; \$40 copayment Specialist
<b>Calendar Year Deductible</b>	\$1,000 per person to a maximum of \$2,000 per family (changing eff. 1/1/24 to \$1750 per person, \$3500 per family)
<b>Inpatient Hospitalization</b>	80% after Deductible
<b>Outpatient Surgery</b>	80% after Deductible
<b>Non-Surgical Outpatient Services for diagnostic testing, labs, and x-rays (except Advanced Imaging)</b>	100%, deductible does not apply
<b>Advanced Diagnostic Imaging (CT scan, MRI, Nuclear Medicine, PET Scan, etc.)</b>	80% after Deductible
<b>Durable Medical Equipment</b>	80% after Deductible
<b>Outpatient Therapies</b> Calendar Year Visit Limits: Cardiac Rehab: 36 Pulmonary Rehab: 20 Physical Therapy: 20 Occupational Therapy: 20 Manipulation Therapy: 12 Speech Therapy: 20	\$30 copayment per visit
<b>Urgent Care</b>	\$50 copayment
<b>Emergency Room</b>	\$200 copayment (waived if admitted)
<b>Out of Pocket Maximum Per Calendar Year</b>	\$2,250 per person to a maximum of \$4,500 per family (includes copayments and coinsurance in addition to deductible) - this is changing eff. 1/1/24 to \$3,500 per person to a maximum of \$7000 per family
<b>Prescription Drugs</b>  <b>Retail Pharmacy (up to 30-day supply)</b> <b>Mail Order (up to 90-day supply)</b>	<b>Retail Pharmacy</b> \$10 / \$35 / \$55 Specialty Rx: \$75 copay <b>Mail Order</b> \$20 / \$70 / \$110 <i>Specialty Rx not available through Mail Order</i>
<b>Dependent Age Limit</b>	To end of month following 26 <sup>th</sup> birthday

# UHC: Virtual Care



## Quality care, done virtually

### See a primary care provider or get same-day urgent care on your phone, tablet or computer

With virtual care through your UnitedHealthcare plan, get care any time.

Using your smartphone or other connected device,\* like a tablet or a computer, you can access virtual primary and urgent care.

To schedule a virtual primary care appointment or access urgent care through 24/7 Virtual Visits, just download the UnitedHealthcare® app or visit [myuhc.com/virtualcare](https://myuhc.com/virtualcare).

### What kind of virtual care might be right for you?



#### Virtual primary care:

- Annual wellness visits
- Regular follow-ups for conditions like asthma, diabetes, etc.
- Lab tests and preventive screenings
- Referrals to quality network specialists
- Medication review and prescriptions, if needed\*\*
- Cost aligns with PCP benefit



#### 24/7 Virtual Visits:

- Non-emergency care for common health issues like the flu, fevers, sore throats, etc.
- Non-emergency care for sudden health issues like pinkeye, migraines, back pain, even allergies and anxiety
- Prescription refills, if needed\*\*
- Cost aligns with 24/7 Virtual Visits benefit



Scan the QR code to access your virtual care options



United  
Healthcare

**\$10 copay for each virtual visit**

# Dental Insurance

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

To locate a participating provider, log on to [guardianlife.com](http://guardianlife.com) or call 1-888-482-7342.

Type of service	Amount you pay
Preventive Services	Includes exams, cleanings, and x—ray Covered at 100%
Deductible	Applies to basic and major services only \$25- Single, \$50 - Family
Basic Services	Fillings, oral surgery, root canals, periodontics 20% after deductible
Major Services	Bridgework, Crowns, Dentures 40% after deductible
Annual Maximum per person per calendar year	\$2,500 + Plus Maximum Rollover
Orthodontia	40% to \$1,500 lifetime maximum
Dependent Age Limit	26 (NEW FOR 2023!)

With maximum rollover, Guardian will roll over a portion of your unused maximum into your personal Maximum Rollover Account (MRA). The MRA can be used in future years if you reach the plan's regular annual maximum. To qualify, you must have a claim for covered services for which a benefit payment is used, in excess of any deductible, and you must not exceed the claims threshold during the benefit year. You and your insured dependents maintain separate MRAs based on your own claim activity. You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).



## It's easy to find a network dentist

Guardian is committed to ensuring that our members have the tools and resources to get the most from their benefits. This starts with making it easy to find a network provider. Remember, using a network dentist is one of the best ways to save on important care.

### guardianlife.com

- Select “Connect with us” and then “Find a Provider”
- Select plan type and search by location or name
- Sort by name, distance, specialty



### Find a provider and ID card mobile app

- Search by name or location
- View in map and get directions
- View, print or email ID cards for use when scheduling an appointment or visiting the provider



Online or on the go — Guardian makes it easy to find a provider

# Vision Insurance

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

VSP's vision insurance entitles you to specific eye care benefits. Policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

To locate a participating VSP Signature provider, please log onto [www.vsp.com](http://www.vsp.com), or call Member Services at 1-800-877-7195. The chart below outlines the in-network benefits. By seeking care from an in-network provider allows you to maximize your plan benefits. Your policy also contains a reimbursement for services received out of network, but the claim needs to be filed by you (the provider will not file the claim). For out of network services, please obtain an itemized receipt from your vision provider, and contact VSP for an out of network vision claim form.

Type of Service	Coverage
Routine Eye Exam (Every 12 months)	\$0 copay
Eyeglass Standard Plastic Lenses (Every 24 months) -Single Vision -Bifocal -Trifocal	\$0 copay
Lens Enhancements - Standard progressive lenses - Premium progressive lenses - Custom progressive lenses	\$0 copayment \$80 - \$90 copayment \$120 - \$160 copayment
Frames (every 24 months)	\$200 frame allowance <b>(NEW FOR 2023!)</b> <b>Increased from \$120</b>
LightCare <b>(NEW for 2023!)</b>	You can use your frame allowance to purchase nonprescription sunglasses or nonprescription glasses with blue light lenses.
Contact Lenses (Every 24 months) - Contact Lenses are in lieu of Frames and Spectacle lenses	\$120 allowance
Dependent Age Limit	26 <b>(NEW FOR 2023!)</b>

# Basic Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Brown County Schools Benefits Consortium provides full-time employees with \$50,000 in group life and accidental death and dismemberment (AD&D) insurance.

Brown County Schools Benefits Consortium pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.

# Voluntary Life Insurance

While Brown County Schools Benefits Consortium offers basic life insurance, some employees may want to purchase additional coverage. With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. The chart below goes in to more detail regarding this benefit.

Benefits	MetLife
<b>Employee Life Amount</b>	Increments of \$10,000 up to \$300,000
Guarantee Issue	\$200,000
<b>AD&amp;D Amount</b>	If elected, matches life benefit
<b>Age Reduction</b>	Age 70: 35%, Age 75: 50%
<b>Spouse Life Amount</b>	Increments of \$5,000 up to \$150,000
Guarantee Issue	\$50,000
<b>Child(ren) Life Amount</b>	\$10,000
Guarantee Issue	\$10,000

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:						
	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000	
Under 30	\$0.05	\$0.50	\$1.00	\$2.00	\$2.50	\$5.00	
30-34	\$0.06	\$0.60	\$1.20	\$2.40	\$3.00	\$6.00	
35-39	\$0.09	\$0.90	\$1.80	\$3.60	\$4.50	\$9.00	
40-44	\$0.14	\$1.40	\$2.80	\$5.60	\$7.00	\$14.00	
45-49	\$0.22	\$2.20	\$4.40	\$8.80	\$11.00	\$22.00	
50-54	\$0.33	\$3.30	\$6.60	\$13.20	\$16.50	\$33.00	
55-59	\$0.49	\$4.90	\$9.80	\$19.60	\$24.50	\$49.00	
60-64	\$0.61	\$6.10	\$12.20	\$24.40	\$30.50	\$61.00	
65-69	\$1.46	\$14.60	\$29.20	\$58.40	\$73.00	\$146.00	
70+	\$2.07	\$20.70	\$41.40	\$82.80	\$103.50	\$207.00	

Dependent Child Coverage <sup>2</sup> Monthly Premium For:	
\$1,000	\$0.15
\$2,000	\$0.30
\$4,000	\$0.60
\$5,000	\$0.75
\$10,000	\$1.50

Due to rounding, your actual payroll deduction amount may vary slightly.

Employee & Spouse Coverage	AD&D Coverage -- Monthly Premium
\$1,000	\$0.03
\$10,000	\$0.25
\$20,000	\$0.50
\$40,000	\$1.00
\$50,000	\$1.25
\$100,000	\$2.50

Dependent Child Coverage <sup>2</sup>	AD&D Coverage -- Monthly Premium
\$1,000	\$0.03
\$2,000	\$0.05
\$4,000	\$0.10
\$5,000	\$0.12
\$10,000	\$0.25

# Questions & Answers

## *Changes that can be made effective November 1, 2023*

- Enroll or terminate individual and/or dependent coverage in the medical, dental or vision plans

## *What Forms Must Be Completed?*

- If waiving the health insurance plan, you are required to sign a waiver form each year.

## *If I Want to Make Changes, What Forms Must Be Completed?*

- United Healthcare Enrollment Form to change individual/dependent coverage levels in the medical plan
- Guardian Enrollment Form to change individual/dependent coverage levels in the dental plan
- VSP Enrollment Form to enroll in the vision plan

## *When Are the Forms Due and Where Do I Return Them?*

- All forms are due by 10/27/2023 and must be returned to your district's board office.

## *Other Information:*

- If you do not make changes to your current elections, those elections will remain the same for the plan year November 1, 2023, through October 31, 2024.

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan, documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please contact your district's board office.*

## **Medicare Part D Creditable Coverage Notice**

### **Important Notice from Brown County Schools Benefits Consortium 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 UnitedHealthcare and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

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

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. UnitedHealthcare has determined that the prescription drug coverage offered by the Brown County Schools Benefits Consortium Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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#### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan while enrolled in UnitedHealthcare coverage as an active employee, please note that your United Healthcare coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in UnitedHealthcare coverage as a former employee.

You may also choose to drop your UnitedHealthcare coverage. If you do decide to join a Medicare drug plan and drop your current UnitedHealthcare 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 UnitedHealthcare and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice or Your Current Prescription Drug Coverage...**

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through UnitedHealthcare changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

## HIPAA Special Enrollment Rights Notice

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

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

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

## **HIPAA Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Brown County Schools Benefits Consortium sponsors certain group health plan(s) (collectively, the “Plan” or “We”) to provide benefits to our employees, their dependents, and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the “Notice”) describes the legal obligations of Brown County Schools Benefits Consortium, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you, or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- (1) your past, present or future physical or mental health or condition.
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

### **Contact Information**

If you have any questions about this Notice or about our privacy practices, please contact your board office.

### **Effective Date**

This Notice as revised is effective November 1, 2023.

### **Our Responsibilities**

We are required by law to:

- maintain the privacy of your protected health information.
- provide you with certain rights with respect to your protected health information.
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed, or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

## **How We May Use and Disclose Your Protected Health Information**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

### **For Treatment**

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

### **For Payment**

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

### **For Health Care Operations**

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

### **To Business Associates**

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

### **As Required by Law**

We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to

someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

### **To Plan Sponsors**

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

### **Special Situations**

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

#### **Organ and Tissue Donation**

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

#### **Military and Veterans**

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

#### **Workers' Compensation**

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### **Public Health Risks**

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability.
- to report births and deaths.
- to report child abuse or neglect.
- to report reactions to medications or problems with products.
- to notify people of recalls of products they may be using.
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

#### **Health Oversight Activities**

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

#### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons, or similar process.
- to identify or locate a suspect, fugitive, material witness, or missing person.
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement.
- about a death that we believe may be the result of criminal conduct.
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Inmates**

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official, if necessary (1), for the institution to provide you with health care; (2), to protect your health and safety or the health and safety of others; or (3), for the safety and security of the correctional institution.

### **Research**

We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information and approves the research.

## **Required Disclosures**

The following is a description of disclosures of your protected health information we are required to make.

### **Government Audits**

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### **Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected

health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### **Notification of a Breach.**

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

## **Other Disclosures**

### **Personal Representatives**

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person.
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

### **Spouses and Other Family Members**

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

### **Authorizations**

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## **Your Rights**

You have the following rights with respect to your protected health information:

### **Right to Inspect and Copy**

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed, and you will be provided with details on how to do so.

### **Right to Amend**

If you feel that the protected health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan.
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period ABC Company has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

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

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it, or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you

wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see [Your Rights Under HIPAA](#).

**Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	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="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

<p>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://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>  CHP+ Customer Service: 1-800-359-1991/ State Relay 711  Health Insurance Buy-In Program  (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>  HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a>  Phone: 1-877-357-3268</p>
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<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p>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="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<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  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-766-9012</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<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:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.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>
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: (617) 886-8102</p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>

Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	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
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPProgram@mt.gov">HHSHIPPProgram@mt.gov</a>	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
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <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	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
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	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
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	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
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://Children's Health Insurance Program (CHIP) (pa.gov)">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	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
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>

Website: <a href="#">Health Insurance Premium Payment (HIPP) Program</a>   <a href="#">Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

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

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

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

## Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a 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 your plan administrator.

## Newborns' and Mothers' Health Protection Act (NMHPA) Notice

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