

REQUIRED NOTICES

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 “COBRA continuation coverage,” applies if, for example, covered children no longer meet the definition of an eligible dependent, spouses get divorced, or employees leave the employer.

HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of personal health information (PHI). The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. You may also receive a privacy notice from your health care carrier.

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

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

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women’s Health and Cancer Act (“Women’s Health Act”) was signed into law on October 21, 1998. This law requires that all medical plans that cover mastectomies also cover breast reconstruction following a mastectomy.

Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

1. Reconstruction of the breast on which the mastectomy has been performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema. Benefits received for this coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services. These benefits go into effect April 1, 2014.

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 (or 96) hours.

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 circumstances.

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.

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).

LIST OF STATES OFFERING ASSISTANCE FOR MEDICAL COVERAGE

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 July 31, 2014. Contact your State for more information on eligibility –

ALABAMA – Medicaid http://www.medicaid.alabama.gov 1-855-692-5447	KANSAS – Medicaid http://www.kdheks.gov/hcf/ 1-800-792-4884
ALASKA – Medicaid http://health.hss.state.ak.us/dpa/programs/medicaid/ 1-888-318-8890 (Outside of Anchorage) 907-269-6529 (Anchorage)	KENTUCKY – Medicaid http://chfs.ky.gov/dms/default.htm 1-800-635-2570
ARIZONA – CHIP http://www.azahcccs.gov/applicants/default.aspx 1-877-764-5437 (Outside of Maricopa County) 602-417-5437 (Maricopa County)	LOUISIANA – Medicaid http://www.lahipp.dhh.louisiana.gov 1-888-695-2447
COLORADO – Medicaid http://www.colorado.gov/ 1-800-866-3513 (In state) 1-800-221-3943 (Out of state)	MAINE – Medicaid http://www.maine.gov/dhhs/ofi/public-assistance/index.html 1-800-977-6740 1-800-977-6741 (TTY)
FLORIDA – Medicaid https://www.flmedicaidprecovery.com/ 1-877-357-3268	MASSACHUSETTS – Medicaid and CHIP http://www.mass.gov/MassHealth 1-800-462-1120
GEORGIA – Medicaid http://dch.georgia.gov/ Click on Programs, Medicaid, Health Insurance Premium Payment (HIP) 1-800-869-1150	MINNESOTA – Medicaid http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance 1-800-657-3629
IDAHO – Medicaid Medicaid: http://healthandwelfare.idaho.gov/medical/medicaid/Premiumassistance/tabid/1510/default.aspx 1-800-926-2588	MISSOURI – Medicaid and CHIP http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573-751-2005
INDIANA – Medicaid http://www.in.gov/fssa 1-800-889-9949	MONTANA – Medicaid http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml 1-800-694-3084
IOWA – Medicaid www.dhs.state.ia.us/hipp/ 1-888-346-9562	NEBRASKA – Medicaid www.ACCESSNebraska.ne.gov 1-800-383-4278

<p>NEVADA – Medicaid http://dwss.nv.gov/ 1-800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid http://www.scdhhs.gov 1-888-549-0820</p>
<p>NEW HAMPSHIRE – Medicaid http://www.dhhs.nh.gov/oii/documents/hippapp.pdf 603-271-5218</p>	<p>SOUTH DAKOTA – Medicaid http://dss.sd.gov 1-888-828-0059</p>
<p>NEW JERSEY – Medicaid and CHIP Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ 609-631-2392 CHIP: http://www.nifamilycare.org/index.html 1-800-701-0710</p>	<p>TEXAS – Medicaid https://www.gethipptexas.com/ 1-800-440-0493</p>
<p>NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ 1-800-541-2831</p>	<p>UTAH – Medicaid and CHIP http://health.utah.gov/upp 1-866-435-7414</p>
<p>NORTH CAROLINA – Medicaid http://www.ncdhhs.gov/dma 919-855-4100</p>	<p>VERMONT – Medicaid http://www.greenmountaincare.org/ 1-800-250-8427</p>
<p>NORTH DAKOTA – Medicaid http://www.nd.gov/dhs/services/medicalserv/medicaid/ 1-800-755-2604</p>	<p>VIRGINIA – Medicaid and CHIP Medicaid: http://www.dmas.virginia.gov/rcp-HIPP.htm 1-800-432-5924 CHIP: http://www.famis.org/ 1-866-873-2647</p>
<p>OKLAHOMA – Medicaid and CHIP http://www.insureoklahoma.org 1-888-365-3742</p>	<p>WASHINGTON – Medicaid http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx 1-800-562-3022 ext. 15473</p>
<p>OREGON – Medicaid http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.gov 1-800-699-9075</p>	<p>WEST VIRGINIA – Medicaid www.dhhr.wv.gov/bms/ 1-877-598-5820, HMS Third Party Liability</p>
<p>PENNSYLVANIA – Medicaid http://www.dpw.state.pa.us/hipp 1-800-692-7462</p>	<p>WISCONSIN – Medicaid http://www.badgercareplus.org/pubs/p-10095.htm 1-800-362-3002</p>
<p>RHODE ISLAND – Medicaid www.ohhs.ri.gov 401-462-5300</p>	<p>WYOMING – Medicaid http://health.wyo.gov/healthcarefin/equalitycare 307-777-7531</p>

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565