

# Your Rights

## HIPAA PRIVACY

The privacy rules under the health insurance portability and accountability act (HIPAA) require employers to periodically send a reminder to participants about the availability of the plan's privacy notice and how to obtain that notice. The privacy notice explains participants' rights and the plan's legal duties with respect to protected health information (PHI) and how the plan may use and disclose PHI.

To obtain a copy of the privacy notice, contact the Director of Human Resources.

## NEWBORNS AND MOTHERS' HEALTH PROTECTION ACT

Under Federal law, your plan may not 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 provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). 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).

## THE WOMENS' HEALTH AND CANCER RIGHTS ACT

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

- All 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 of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) was signed into law on April 7, 1986, as public law 99-272. You may be eligible for coverage under the provisions of this legislation. Please read the attached information carefully so that you can make an informed choice about the benefits available to you. Federal law allows former employees and dependents to continue health insurance coverage under certain circumstances. You must pay the full contribution cost for that coverage to the group employer, including the portion usually paid by the

employer. The employer may also charge an additional 2% of the premium as a handling expense. If you elect to continue coverage for you (and your dependents where applicable), you can obtain the amount of the monthly contribution payable on the first of the month from the group employer to whom the payment will be made.

There are some requirements to coverage, of which you should be aware:

- Continuation of coverage must be elected within 60 days of eligibility;
- Coverage may be stopped for an employee who obtains coverage under another group plan or Medicare, or does not pay the required premium;
- Coverage for a dependent may be stopped if the spouse remarries and has other group coverage, becomes entitled to Medicare, or does not pay the required premium;
- The premium must be paid within 45 days after the election to continue coverage and must be paid retroactively to the qualifying event; You must notify your employer in the event of a divorce, or if a dependent child is about to lose coverage because of age, within 60 days of occurrence;
- Coverage under COBRA may be stopped if the employer ceases to maintain any group health plan;
- Coverage under COBRA may be stopped for cause on the same basis as active employees.

At the time the extension of coverage expires, you will be allowed to enroll in an individual conversion health plan if your plan allows such conversions for similarly situated active employees.

## Qualifying Events

Events that trigger an obligation to offer continuation coverage include:

- Coverage ends for any reason other than involuntary termination of employment for cause, including discontinuance of the group policy in its entirety or with respect to an insured class (all qualified beneficiaries);
- Termination of coverage due to the severance of family relationships, such as divorce or legal separation (spouse and dependent children); and
- Termination of coverage due to employee's retirement or death (spouse and dependent children).

## CHIPRA - CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT

CHIPRA permits states to offer eligible low-income children and their families a premium assistance subsidy to help pay for employer-sponsored group health coverage. This regulation is required for employers that maintain group health plans in states that provide premium assistance subsidies under a Medicaid plan or a Children's Health Insurance Plan (CHIP). For more information, contact your State Medicaid or CHIP office at 877-KIDS-NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov)

# Notices

## MEDICARE PART D - NOTICE OF CREDITABLE COVERAGE

Important notice about your prescription drug coverage and Medicare. This Notice applies only if you and/or your dependent(s) are enrolled in an employer-offered medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage being offered and about your options under Medicare's Prescription drug coverage. This information can help you decide whether 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. Your employer has determined that the prescription drug coverage offered under the employer plans 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.

### **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 15th to December 7th. 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, your current employer coverage will not be affected. Details of your current employer-sponsored prescription drug plan are provided on the previous pages. The CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) will outline the prescription drug plan provisions/options that Medicare-eligible individuals may have available to them when they become eligible for Medicare Part D.

### **For more information about Medicare prescription drug coverage:**

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call 1-800-772-1213 (TTY 1-800-325-0778)

If you decide to join a Medicare drug plan and drop your current employer coverage, be aware that you and your dependents may not be able to get this coverage back.

*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).*