Required Notices

Summary of Benefits & Coverage
Under the Affordable Care Act and provision rules from the Departments of Labor, Treasury and Health and Human Services, all group health plans are required to provide participants with the SBC - Summary of Benefits & Coverage for the current Group Health Plan.

As an eligible and/or covered member, you have received either a printed or emailed copy OR you have been instructed to download an available copy posted on your employer’s Intranet Site of the of the SBC document in the New Hire Packet and/or the Annual Open Enrollment packet for the current plan year. It is the Employee’s/Subscriber’s responsibility to provide copies of this document to eligible/enrolled dependents directly within 7 business days of the coverage effective date on the plan.

Qualifying Event Instruction
A change in your situation can make you eligible for a Special Enrollment Period allowing you to enroll or make changes to your existing enrollment in your group benefit plans outside the annual open enrollment period.

Some of the IRS recognized Qualifying Events are:

- Marriage, Birth or Adoption of a Child, Loss of Other Health Coverage, a Dependent Child turning Age 26 if losing coverage through a parent’s plan,
- Divorce, Eligibility for Enrollment onto Other Health Coverage, and Death in the Family.

The Employee is required to notify the Employer Benefits Administrator and submit the required documentation as we as the Enrollment/Change Paperwork within 31 days of the event date in order for any changes to be approved by the benefit plan carrier.

HIPAA Special Enrollment Notice
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents other coverage). However, you must request enrollment within 31 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 31 days after the marriage, birth, adoption, or placement for adoption. Special enrollments rights also may exist in the follow circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days or any longer period that applies under the plan after that coverage ends; or
- If you or your dependents become eligible for state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 31-day period applies to most special enrollments.

The Newborns’ and Mothers’ Health Protection Act of 1996
The Newborns’ and Mothers’ Health Protection Act of 1996 prohibits group and individual health insurance policies from restricting benefits for any hospital length of stay for the mother or newborn child in connection with childbirth: (1) following a normal vaginal delivery, to less than 48 hours, and (2) following a cesarean section, to less than 96 hours. Health insurance policies may not

- Require that a provider obtain authorization from the health insurance plan or the issuer for prescribing any such length of stay. Regardless of these standards, and
- Attending health care provider may, in consultation with the mother, discharge the mother or newborn child prior to the expiration of such minimum length of stay.

Further, a health insurer of health maintenance organization may not:

- Deny to the mother or newborn child eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely to avoid providing such length of stay coverage.
- Provide monetary payments or rebates to the mothers to encourage such mothers to accept less than the minimum coverage.
- Provide monetary incentives to an attending medical provider to induce such provider to provide care inconsistent with such length of stay coverage.
- Require a mother to give birth in a hospital.
- Restrict benefits for any portion of a period within a hospital length of stay described in this notice.

These benefits are subject to the plan’s regular deductible and copay.

Women’s Health and Cancer Rights Act Notice
Special Rights Following Mastectomy. A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of mastectomy.

Our Plan complies with these requirements. Benefits for these items generally are comparable to those provided under our Plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our Plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

(Updated for 2020 Benefit Plan Years)
### 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, 2020. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Plan Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALASKA – Medicaid</td>
<td>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="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
</tr>
<tr>
<td>CALIFORNIA – Medicaid</td>
<td>Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-800-541-5555</td>
</tr>
<tr>
<td>GEORGIA – Medicaid</td>
<td>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 ext 2131</td>
</tr>
<tr>
<td>INDIANA – Medicaid</td>
<td>Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864</td>
</tr>
<tr>
<td>State</td>
<td>Medicaid and CHIP (or Medicaid)</td>
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<tr>
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<tr>
<td><strong>IOWA</strong></td>
<td>Medicaid and CHIP (Hawki)</td>
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<tr>
<td></td>
<td>Hawki Website</td>
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<tr>
<td><strong>NEBRASKA</strong></td>
<td>Medicaid</td>
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<tr>
<td><strong>KANSAS</strong></td>
<td>Medicaid</td>
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<tr>
<td><strong>NEVADA</strong></td>
<td>Medicaid</td>
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<tr>
<td><strong>KENTUCKY</strong></td>
<td>Medicaid</td>
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<tr>
<td></td>
<td>KCHIP Website</td>
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<tr>
<td></td>
<td>Kentucky Medicaid Website</td>
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<tr>
<td><strong>LOUISIANA</strong></td>
<td>Medicaid</td>
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<tr>
<td><strong>NEW JERSEY</strong></td>
<td>Medicaid and CHIP</td>
</tr>
<tr>
<td><strong>MAINE</strong></td>
<td>Medicaid</td>
</tr>
<tr>
<td><strong>MASSACHUSETTS</strong></td>
<td>Medicaid and CHIP</td>
</tr>
<tr>
<td><strong>MINNESOTA</strong></td>
<td>Medicaid</td>
</tr>
<tr>
<td><strong>MISSOURI</strong></td>
<td>Medicaid</td>
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<tr>
<td><strong>MONTANA</strong></td>
<td>Medicaid</td>
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<tr>
<td><strong>OREGON</strong></td>
<td>Medicaid</td>
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</tbody>
</table>

**Notes:**
- Medicaid and CHIP programs are offered in most states.
- Website links are provided for each state's Medicaid and CHIP programs.
- Phone numbers are provided for contact information.
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid/CHIP Information</th>
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| PENNSYLVANIA – Medicaid | Website: [https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx](https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx)  
Phone: 1-800-692-7462 |
| RHODE ISLAND – Medicaid and CHIP | Website: [http://www.eohhs.ri.gov/](http://www.eohhs.ri.gov/)  
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) |
| SOUTH CAROLINA – Medicaid | Website: [https://www.scdhhs.gov](https://www.scdhhs.gov)  
Phone: 1-888-549-0820 |
| VIRGINIA – Medicaid and CHIP | Website: [https://www.coverva.org/hipp](https://www.coverva.org/hipp)  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-855-242-8282 |
| SOUTH DAKOTA – Medicaid | Website: [http://dss.sd.gov](http://dss.sd.gov)  
Phone: 1-888-828-0059 |
| WASHINGTON – Medicaid | Website: [https://www.hca.wa.gov/](https://www.hca.wa.gov/)  
Phone: 1-800-562-3022 |
| TEXAS – Medicaid | Website: [http://gethipptexas.com/](http://gethipptexas.com/)  
Phone: 1-800-440-0493 |
| WEST VIRGINIA – Medicaid | Website: [http://mywvhipp.com](http://mywvhipp.com)  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| UTAH – Medicaid and CHIP | Medicaid Website: [https://medicaid.utah.gov/](https://medicaid.utah.gov/)  
CHIP Website: [http://health.utah.gov/chip](http://health.utah.gov/chip)  
Phone: 1-877-543-7669 |
| WISCONSIN – Medicaid and CHIP | Website: [https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf](https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf)  
Phone: 1-800-362-3002 |
| VERMONT – Medicaid | Website: [http://www.greenmountaincare.org/](http://www.greenmountaincare.org/)  
Phone: 1-800-250-8427 |
| WYOMING – Medicaid | Website: [https://wyequalitycare.acs-inc.com/](https://wyequalitycare.acs-inc.com/)  
Phone: 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](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

**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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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