



## 2023 FEDERAL ANNUAL NOTICES

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### **Women's Health and Cancer Rights Act (WHCRA)**

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 (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. You may contact your plan administrator for more information at: 888-690-2020.

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### **Medicaid and the Child Health Insurance (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 dependent(s) are NOT currently enrolled in Medicaid or CHIP and you think your dependent(s) might be eligible, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan. If you or your dependent(s) 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).

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### **Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Privacy Notice**

One of the many components of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is privacy of an individual's Protected Health Information (PHI). The HIPAA privacy rule requires a health plan to remind plan participants no less frequently than once every three years of the availability of its notice of privacy practices as well as how to obtain a copy. Remember, it is the Privacy Practices adopted by your employer that must be distributed to all employees. You can access additional information about the required reminder notice to employees at the Office for Civil Rights website, <http://www.hhs.gov/ocr/hipaa> and clicking on FAQs, Notice of Privacy Practices. [See back for sample privacy notice.](#)

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### **HIPAA Special Enrollment Rights**

If you and/or your dependents lose other group health coverage, or you acquire a dependent, such as, marriage, birth, or adoption, you have special enrollment rights in the employer's group health plan allowing you to enroll dependents during the year other than open enrollment. **You must submit a completed application for enrollment in the health plan to the employer within 31 days of the loss of other coverage or dependent acquisition in order to enroll the dependents. Failure to enroll within 31 days results in waiting until open enrollment.**

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### **Affordability Care Act (ACA) / Health Care Reform Updates**

**Employer Mandate** – For 2015 and after, employers employing at least 100 employees (2016 for employers employing 50-99) will be subject to the Employer Shared Responsibility provisions under the ACA. If these employers do not offer affordable health coverage that provides a minimum level of coverage to their full-time employees (and their dependent children), the employer may be subject to an Employer Shared Responsibility payment. As defined by the statute, a full-time employee is an individual employed on average at least 30 hours of service per service week.

**Uniform Summary of Benefits Coverage (SBC):** Distribution to employees and dependents is required as follows: During the annual open enrollment period; Within 7 days following a request; Under a HIPAA special enrollment, to special enrollees within 7 days of a request for enrollment; With any written application materials distributed prior to an employee enrolling in a plan option; If renewal enrollment is automatic, to employees at least 30 days prior to the renewal date; SBC must be distributed to employees and dependents if they live separately.

**In-Network Out-Of-Pocket (OOP) Maximums:** Plans issued or renewed beginning January 1, 2023, cannot have In-Network OOP maximums (medical & RX combined) that exceed \$9,100 for single coverage or \$18,200 for family coverage which includes any deductibles, copays and coinsurance.

**Flexible Spending Accounts (FSA):** Health FSA 2023 annual limit is \$2,850; Limited Purpose FSA limit is \$2,850; Dependent Care FSA limit is \$5,000.

**HDHP Deductible & Out-Of-Pocket (OOP) Maximums:** Minimum deductible for single coverage is \$1,500; family is \$3,000. The maximums out-of-pocket for single coverage cannot exceed \$7,500 for single coverage or \$15,000 for family coverage.

**HSA Contribution Limits:** The contribution limit for single coverage is \$3,850; family is \$7,750. Those 55+ can contribute an additional \$1,000 for single or family coverage.

**Taking Service to the Next Level**

## NOTICE OF PRIVACY

Your personal information is considered confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

The term "personal information" means information that identifies you as an individual, such as your name and Social Security Number, as well as health and other information about you that is nonpublic, and that we obtain so we can provide you with health coverage. The term "health information" means information that identifies you and relates to your medical history (i.e. the health care you receive or the amounts paid for that care).

### **USES AND DISCLOSURES OF PERSONAL INFORMATION**

In administering your health benefits, your personal information may be used and disclosed in various ways, including:

**HEALTH CARE OPERATIONS:** May use and disclose personal information during the operational activities such as quality assessment and improvement; health services research; preventive health, disease management, case management and care coordination. For example, use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other personal activities requiring use and disclosure include administration of reinsurance and stop loss programs and payments; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; and other general administrative activities, including data and information systems management, and customer service.

**PAYMENT:** To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We mail Explanation of Benefits forms and other information to the address we have on record for the members.

**TREATMENT:** Your personal information may be disclosed to doctors, dentists, pharmacies, hospitals and other health care providers who provide you treatments and services.

**DISCLOSURES TO OTHER COVERED ENTITIES:** Your personal information may be disclosed to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes.

### **ADDITIONAL REASONS FOR DISCLOSURE**

- Your personal information may be disclosed in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. Also, may be disclosed such information in support of: PLAN ADMINISTRATION – to your employer (for group health plans), when the appropriate language has been included in your plan documents, or when summary data is disclosed to assist in amending the group health plan.
- RESEARCH – to researchers, provided measures are taken to protect your privacy.
- BUSINESS ASSOCIATES – to persons who provide services to us and assure us they will protect the information.
- INDUSTRY REGULATION – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- LAW ENFORCEMENT – to federal, state and local law enforcement officials.
- LEGAL PROCEEDINGS – in response to a court order or other lawful process.
- PUBLIC WELFARE – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).
- RESPOND – to organ and tissue donation requests and work with a medical examiner or funeral director.

### **DISCLOSURE TO OTHERS INVOLVED IN YOUR HEALTH CARE**

Your health information may be disclosed to a relative, a friend or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law.

### **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- for marketing purposes that are unrelated to your benefit plan(s),
- before disclosing any psychotherapy notes,
- related to sale of your health information, and
- for other reasons as required by law.

If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

### **YOUR LEGAL RIGHTS**

The federal privacy regulations give you several rights regarding your health information.

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of the member.
- You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have a right to ask us to obtain a copy of the health information that is contained in a "designated record set" – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies, and in certain cases, may deny the request.
- You have the right to ask us to amend health information that is in a "designated record set." Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies. Your request must be in writing. If you request such an accounting more than once in a 12 month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your health information.
- You have the right to get a copy of this privacy notice.

You have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the Human Resources Department.

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

### **OUR LEGAL OBLIGATIONS**

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

### **SAFEGUARDING YOUR INFORMATION**

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

### **THIS NOTICE IS SUBJECT TO CHANGE**

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.