

Health Laws Notices

Health Plan Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, provided that you request enrollment within 30 days after you or your dependents lose eligibility for that other coverage (or employer contributions toward that coverage end). 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment, contact the Benefits Specialist in the Human Resources Department.

Newborns and Mother's Health Protection 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), this plan provides benefits for mastectomy-related services:

1. All stages of reconstruction of the breast on which a mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complication of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician.

Call your Plan Administrator for more information.

Group Health Care Plan and Health Care Flexible Spending Plan

(Referred to as “we” in this document)

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

“Protected Health Information” means personal information that we maintain or receive about you that can identify you and that relates to your past, present, or future physical or mental health or condition as well as the past, present, or future payment for or the provision of health care to you. An example of protected health information is a health coverage enrollment form.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Our Legal Duty

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you this notice of our legal duties and privacy policies with respect to your protected health information; and
- Notify affected individuals following a breach of unsecured protected health information.

How We May Use and Disclose Medical Information About You

The following categories describe the different ways in which we may use and disclose protected health information about you. For each category, we will provide at least one example of how we may use or disclose your protected health information.

Treatment: When necessary to assist in your treatment, we may use or disclose your protected health information to a doctor, a hospital, or other health care provider. As a health plan, we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for these purposes.

Payment: We may use and disclose your protected health information to pay claims from doctors, hospitals and other health care providers for services delivered to you that are covered by your health plan and to obtain premium payments. For example, we might disclose your protected health information when your doctor calls to certify that you are eligible for benefits under our group health plan so that he or she may be reimbursed for the provision of health care to you. We may disclose your protected health information to a health care provider or entity subject to the federal Privacy Rule so they can obtain payment or engage in these payment activities.

Health Care Operations: We may use and disclose your protected health information in connection

with our health care operations. Two examples of health care operations are:

Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified protected health information or a limited data set; and

Evaluating plan costs and determining contributions for your health plan.

We may disclose your protected health information to another entity which has a relationship with you and is subject to the federal Privacy Rule for their health care operations.

To the Plan Sponsor: The plan may disclose protected health information to certain employees of the City of Lawrence for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required or allowed by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

On Your Authorization: You may give us written permission to use your protected health information or to give it to anyone for any purpose. You may withdraw your permission in writing at any time. Withdrawing your permission will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your protected health information for any reason except those described in this notice.

To Your Family and Friends: We may share your protected health information to a family

member, friend, or other person only to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your protected health information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your protected health information based on our professional judgment of whether the disclosure would be in your best interest.

Disaster Relief: We may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit: We may use or disclose your protected health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

As required by law;

- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in

emergencies, and for purposes of identifying or locating a suspect or other person;

- To coroners, medical examiners, and funeral directors;
- To organ procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates; and
- As authorized by state worker's compensation laws.

Health Related Products and Services: We may use your protected health information to contact you with information about:

- Health-related products or services;
- Replacements or enhancements to a health plan;
- Health-related products or services available only to a health plan enrollee that add value to a plan of benefits;
- Treatment alternatives; and
- Case management or care coordination.

We may disclose your protected health information to a business associate to assist us in these activities, provided that we have entered into a written agreement with the business associate that safeguards protected health information. Business associates are also required by law to protect your protected health information

We may use or disclose your protected health information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts of nominal value.

Your Individual Rights



Right to Request Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. You must make a request in writing to the Privacy Officer using the contact information listed at the end of this notice if you wish to request additional restrictions. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Both your request and any agreement to additional restrictions must be in writing signed by the person making the request and (for our agreement) by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so stated in writing.

Right to Receive Confidential Communications: You have the right to request that we communicate with you about your protected health information by alternative means or to an alternative location. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. An explanation of benefits issued to the subscriber for health care that you received for which you did not request confidential communications or about the subscriber or others covered by the health plan in which you participate may contain sufficient information to reveal that you obtained health care, even though you requested that we communicate with you about that health care in confidence. Other transactions under the membership may also detract from the level of confidentiality you might obtain from an alternate communication or address.

Right to Inspect and Copy: You have the right to look at or get copies of your protected health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to the Privacy Officer using the contact information listed at the end of this notice to obtain access to your protected health information when you make the request as an exercise of your HIPAA Privacy rights. Many records are available without making the request as an exercise of HIPAA Privacy rights. If you request copies, we will charge you a fee for the costs of copying, other supplies, postage if you want the copies mailed to you and staff time associated with your request. For information maintained off-site in archival warehouses or that is not reasonably identifiable and accessible, we will charge the actual cost of the time and other resources required to make the information available. If you request an alternative format, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee.

Right to Amend: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. If you need information about making a request or amendment, contact us using the contact information

listed at the end of this notice. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to Receive an Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than for treatment, payment, health care operations, as authorized by you, and for certain other activities within the last six years or from the date coverage became effective for you, if later. For example, we would account for your protected health information or demographic information we disclose during an audit by a government oversight agency or pursuant to a court order. You must make your request in writing. We will provide you with the date on which we made a disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure and how to make your request.

Right to be Notified of a Breach: You have a right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to a Paper Copy of This Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

◆ Changes to This Notice

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the new changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain about you, as well as any information we create or receive about you in the future. Before we make a significant change in our privacy practices, we will provide you with a revised notice by mailing it to your home address. We will post a copy of the current notice at the Human Resources Office in City Hall.

◆ Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us (see end of notice for contact information).

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information, or to have us communicate with you by alternative means or at an alternative location, you may complain to us using the contact information listed below.

You also may submit a written complaint to the U.S. Department of Health and Human Services (HHS) – Office of Civil Rights. We will provide you with the address to file your complaint with HHS upon request, or you may visit www.hhs.gov/ocr for further information.

We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the HHS Secretary.

Contact: City of Lawrence, Human Resources, 6 E 6th Street, Lawrence, KS 66044, 785-832-3204

Beneficiary Creditable Coverage Disclosure

Important Notice from the City of Lawrence 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 the City of Lawrence 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. The City of Lawrence has determined that the prescription drug coverage offered by the City of Lawrence Healthcare 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.

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 through 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 City of Lawrence coverage will not be affected. You can keep this coverage if you elect part D and the City of Lawrence plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current City of Lawrence coverage, be aware that you and your dependents will 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 City of Lawrence 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...

Contact the City of Lawrence Benefits Specialist at 785-832-3204. **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 the City of Lawrence 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
- 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, 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).

Date:	09/11/2020
Name of Entity/Sender:	City of Lawrence/ Ashley Kim
Contact--Position/Office:	Benefits Analyst/Human Resources
Address:	6 E 6 th Street, Lawrence, KS 66044-2268
Phone Number:	785-832-3204

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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. There are other states with these programs too and if you reside in a different state you may find information for your state by contacting one of the agencies listed below. The following is current as of July 31, 2020. Contact your State for more information on eligibility.

Kansas – Medicaid	Missouri- Medicaid	Oklahoma – Medicaid and CHIP
Website: https://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

To see if any other states have added a premium assistance program since July 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
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, 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 bsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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