Annual Enrollment: F.F. Thompson Health System, Inc.

November 2018

Gallagher Benefit Services, Inc.
ANNUAL ENROLLMENT: F.F. THOMPSON HEALTH SYSTEM, INC.
Women’s Health & Cancer Rights Act

**Enrollment Notice**

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 states 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 the plan.

If you would like more information on WHCRA benefits, call your plan administrator, please contact Human Resources.

**Annual Notice**

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Human Resources for more information.

**Newborn’s 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 insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

**CHIPRA Notice**

**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 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. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA – Medicaid</th>
<th>FLORIDA – Medicaid</th>
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</table>
| Website: [http://myalhipp.com](http://myalhipp.com)  
Phone: 1-855-692-5447 | Website: [http://flmedicaidtplrecovery.com/hipp](http://flmedicaidtplrecovery.com/hipp)  
Phone: 1-877-357-3268 |

**ALASKA – Medicaid**

- The AK Health Insurance Premium Payment Program  
Website: [http://myakhipp.com](http://myakhipp.com)  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx)

**ARIZONA – Medicaid**

- [Website](http://www.azhs.gov/medicaid)  
Phone: 1-877-357-3268

**ARKANSAS – Medicaid**

- Website: [http://myarahipp.com](http://myarahipp.com)  
Phone: 1-855-MyARHIP (855-692-7447)

**COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)**

- Health First Colorado Website: [https://www.healthfirstcolorado.com](https://www.healthfirstcolorado.com)  
- Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
- CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus  

**IOWA – Medicaid**

- Website: [http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)  
Phone: 1-888-346-9562

**KANSAS – Medicaid**

- Website: [http://www.kdheks.gov/hcf](http://www.kdheks.gov/hcf)  
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**

**NEW HAMPSHIRE – Medicaid**

- Website: [https://www.dhhs.nh.gov/ombp/nhhpp](https://www.dhhs.nh.gov/ombp/nhhpp)  
Phone: 603-271-5218  
Hotline: NH Medicaid Service Center at 1-888-901-4999

**NEW JERSEY – Medicaid and CHIP**

**INDIANA – Medicaid**

- Healthy Indiana Plan for low-income adults 19-64  
Website: [http://www.in.gov/fssa/hip](http://www.in.gov/fssa/hip)  
Phone: 1-877-438-4479  
All other Medicaid  
Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)  
Phone 1-800-403-0864

**NEW MEXICO – Medicaid**

- Website: [http://nmmdu.nmhealth.org](http://nmmdu.nmhealth.org)  
Phone: 1-877-357-3268

**NEVADA – Medicaid**

- Website: [http://www.nvhealth.gov](http://www.nvhealth.gov)  
Phone: 1-877-357-3268

**OHIO – Medicaid**

- Website: [http://medicaid.ohio.gov](http://medicaid.ohio.gov)  
Phone: 1-877-357-3268

**OKLAHOMA – Medicaid**

- Website: [http://www.ok.gov/medicaid](http://www.ok.gov/medicaid)  
Phone: 1-877-357-3268

**OREGON – Medicaid**

- Website: [http://www.oregon.gov](http://www.oregon.gov)  
Phone: 1-877-357-3268

**RHODE ISLAND – Medicaid**

- Website: [http://www.dhr.ri.gov](http://www.dhr.ri.gov)  
Phone: 1-877-357-3268

**SOUTH CAROLINA – Medicaid**

- Website: [http://www.scdhhs.sc.gov](http://www.scdhhs.sc.gov)  
Phone: 1-877-357-3268

**TENNESSEE – Medicaid**

- Website: [http://www.tennessee.gov](http://www.tennessee.gov)  
Phone: 1-877-357-3268

**TEXAS – Medicaid**

- Website: [http://www.dhr.texas.gov](http://www.dhr.texas.gov)  
Phone: 1-877-357-3268

**UTAH – Medicaid**

- Website: [http://www.medicaid.utah.gov](http://www.medicaid.utah.gov)  
Phone: 1-877-357-3268

**VIRGINIA – Medicaid**

Phone: 1-877-357-3268

**WASHINGTON – Medicaid**

- Website: [http://www.doh.wa.gov](http://www.doh.wa.gov)  
Phone: 1-877-357-3268

**WEST VIRGINIA – Medicaid**

- Website: [http://www.state.wv.us/medicaid](http://www.state.wv.us/medicaid)  
Phone: 1-877-357-3268

**WISCONSIN – Medicaid**

- Website: [http://www.dhs.wi.gov](http://www.dhs.wi.gov)  
Phone: 1-877-357-3268

**WYOMING – Medicaid**

- Website: [http://www.eoak.state.wy.us/health](http://www.eoak.state.wy.us/health)  
Phone: 1-877-357-3268
<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Website</th>
<th>Phone</th>
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<tbody>
<tr>
<td>LOUISIANA</td>
<td>Medicaid</td>
<td><a href="http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331">Website</a></td>
<td>1-888-695-2447</td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Medicaid</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">Website</a></td>
<td>1-800-541-2831</td>
</tr>
<tr>
<td>MAINE</td>
<td>Medicaid</td>
<td><a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.htm">Website</a></td>
<td>1-800-442-6003</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td>Medicaid</td>
<td><a href="https://dma.ncdhhs.gov/">Website</a></td>
<td>919-855-4100</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.mass.gov/eohhs/gov/departments/health/">Website</a></td>
<td>1-800-862-4840</td>
</tr>
<tr>
<td>NORTH DAKOTA</td>
<td>Medicaid</td>
<td><a href="http://www.nd.gov/dhs/services/medicaid/">Website</a></td>
<td>1-844-854-4825</td>
</tr>
<tr>
<td>MINNESOTA</td>
<td>Medicaid</td>
<td><a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">Website</a></td>
<td>573-751-2005</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.insureoklahoma.org">Website</a></td>
<td>1-888-365-3742</td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Medicaid</td>
<td><a href="https://www.dhp.nov.gov">Website</a></td>
<td>1-800-992-0900</td>
</tr>
<tr>
<td>OREGON</td>
<td>Medicaid</td>
<td><a href="http://healthcare.oregon.gov/Pages/index.aspx">Website</a></td>
<td>1-800-699-9075</td>
</tr>
<tr>
<td>MONTANA</td>
<td>Medicaid</td>
<td><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">Website</a></td>
<td>1-800-694-3084</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">Website</a></td>
<td>1-800-692-7462</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>Medicaid</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">Website</a></td>
<td>855-632-7633, 402-473-7000, 402-595-1178</td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>Medicaid</td>
<td><a href="http://www.eohhs.ri.gov/">Website</a></td>
<td>855-697-4347</td>
</tr>
<tr>
<td>NEVADA</td>
<td>Medicaid</td>
<td><a href="https://dhcfp.nv.gov">Website</a></td>
<td>1-800-992-0900</td>
</tr>
<tr>
<td>SOUTH CAROLINA</td>
<td>Medicaid</td>
<td><a href="https://www.scdhhs.gov">Website</a></td>
<td>1-888-549-0820</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>Medicaid</td>
<td><a href="http://www.ACCESSSouthDakota.org">Website</a></td>
<td>888-694-3084, 605-773-9255</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>Medicaid</td>
<td><a href="http://health.wa.gov/index.cfm">Website</a></td>
<td>1-800-567-3300</td>
</tr>
</tbody>
</table>
To see if any other states have added a premium assistance program since January 31, 2018, 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 NW, Washington, DC 20210
HIPAA Notice of Privacy Practices Reminder


Protecting Your Health Information Privacy Rights

November 2018

F.F. Thompson Health System, Inc. is committed to the privacy of your health information. The administrators of the (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

HIPAA Special Enrollment Rights

F.F. Thompson Health System, Inc. Initial Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the F.F. Thompson Health System, Inc. Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
Eligibility for Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Human Resources.