



Insurance Benefits  
For Employees  
2016

C H E S T E R F I E L D   C O U N T Y   P U B L I C   S C H O O L S

## **CHESTERFIELD COUNTY PUBLIC SCHOOLS BENEFITS DEPARTMENT**

### **Enrollment or Changes in Coverage**

748-1226, 751-4956, 751-4997, 717-6758

Hours: 7:00 a.m. – 5:00 p.m.

Email address: [benefits@ccpsnet.net](mailto:benefits@ccpsnet.net)

## **CHESTERFIELD COUNTY PUBLIC SCHOOLS FINANCE DEPARTMENT**

### **Payroll Deductions for Insurance Premiums**

748-1719

Hours: 8:00 a.m. – 4:30 p.m.

### **What you will find in this booklet:**

- Overview of Employee Benefits – Information regarding eligibility, premiums and changes that can be made to your health and/or dental benefits.
- Summary of Benefits and Coverage – Federal law now requires that summaries for benefits be presented in a specific format so employees will be able to compare coverage with other plans offered through their employer as well as plans available through a spouse's employer and the Health Care Exchange. A Summary of Benefits and Coverage is provided for each health plan offered through Chesterfield County Public Schools.
- Comparison of Dental Benefits – A brief comparison of the dental options available.
- 2016 rates – A comparison of the semi-monthly health and dental rates for 2016.
- Notices – Federal law requires these notices to be distributed to employees.

## OVERVIEW OF EMPLOYEE BENEFITS

### **Eligibility**

All full-time employees are eligible for participation in the group health and/or dental insurance plans. An employee may obtain coverage for:

- the employee's legally married spouse as recognized by Virginia state law
- the employee's children until the end of the calendar year they reach age 26 which includes:
  - the employee's newborn, natural child, or child placed with an employee for adoption;
  - the employee's stepchild;
  - any other child for whom the employee is a legal guardian.

### **Retirees**

School Board Policy 5320, Benefits for Retirees, identifies eligibility and contribution requirements for retiree health and/or dental coverage.

### **Premiums**

Premiums are deducted from each paycheck. The School Board must pay the insurance providers one month in advance; therefore, deductions are taken from an employee's paycheck one month in advance. Changes in coverage or a new enrollment could result in multiple premiums being deducted from an employee's paycheck. Questions regarding health and/or dental insurance deductions can be answered by the Finance Office at 748-1719.

Under the Internal Revenue Code, Chesterfield County Public Schools has adopted a flexible benefits plan. Eligible employees have the option of paying health and/or dental insurance premium deductions with tax-free dollars.

### **Coverage for New Employees**

New employees have 31 days from the date of employment to enroll in health and/or dental insurance coverage. If coverage is not selected during this period of time, the employee is not eligible for health and/or dental insurance through the School Division unless there is a qualifying family status change or until the next open enrollment period.

### **Status Change**

A new enrollment, addition of eligible dependents, termination of all coverage or removal of a spouse or dependent outside of the open enrollment period is permitted if there is a qualifying family status change. (Examples: marriage, divorce, death of spouse or child, legal adoption of minor child, award of legal custody of minor child to subscriber and/or subscriber's spouse, birth of child, loss of coverage, and enrollment of other coverage.) Official documentation of the event will be required in certain circumstances. Coverage for all changes must be made within 31 days from date of the event.

### **Open Enrollment**

Open Enrollment is a period of time during which full-time employees may make changes in coverage or enroll in health and/or dental insurance programs. The effective date for coverage chosen during the open enrollment period is January 1, 2016.

#### **Open Enrollment Dates**

October 5 – October 30, 2015 Employees

October 12 – November 6, 2015 Retirees

## **Anthem Healthkeepers 20 POS**

800-451-1527 (toll-free)

Hours: 8:00 a.m. – 6:00 p.m. Monday-Friday

9:00 a.m. – 1:00 p.m. Saturday

Website: [www.anthem.com](http://www.anthem.com)

The Anthem Healthkeepers 20 POS is an open access HMO (health maintenance organization) plan with out of network benefits. The plan requires a selection of a Primary Care Physician from within the Anthem Healthkeepers HMO network. Referrals to seek specialist care are not required. Services received from a physician, facility or hospital within the network will be covered at a co-payment or co-insurance (deductible applies for services covered with co-insurance). Services received from a physician, facility or hospital not in the network will be covered at 70% after the out-of-network deductible has been met.

The following summary of benefits will highlight coverage details provided for this plan. More detailed benefits are available in the Anthem Enrollment kit.



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.anthem.com](http://www.anthem.com) or by calling 1-855-333-5735.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	In-network: \$500 individual/\$1,000 Family Out-of-network: \$750 Individual/\$1,500 Family <b>In-network deductible only applies to services with Coinsurance. You must pay all of the costs up to the deductible.</b>	See the chart on page 2 for your costs for services this plan covers.
Are there other <u>deductibles</u> for specific services?	<b>Yes, prescription drugs. \$100/individual, \$200/family. Applies to drugs on all tiers.</b>	You have to meet <u>deductibles</u> for specific services, see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	In-network: <b>\$4,000</b> Individual / <b>\$8,000</b> Family Out-of-network: <b>\$5,000</b> Individual/ <b>\$10,000</b> Family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, routine eye exam copayment, the cost of care when any benefit limits have been reached, the cost of non-covered services, and amounts above the allowed amount for out of network services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.

**Questions:** Call 1-855-333-5735 or visit us at [www.anthem.com](http://www.anthem.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.anthem.com](http://www.anthem.com) or call 1-855-333-5735 to request a copy.

# Chesterfield County and Public Schools: HK20 POS

Coverage Period: 01/01/2016 – 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: POS

Does this plan use a <u>network of providers</u> ?	Yes. For a list of <u>in-network providers for HealthKeepers (HK)</u> , see <a href="http://www.anthem.com">www.anthem.com</a> or call 1-855-333-5735.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see a <u>specialist</u> you choose for covered services without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network providers by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Providers	Your Cost If You Use Out-of-Network Providers	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	30% coinsurance	—————none—————
	Specialist visit	\$40 copay/visit	30% coinsurance	—————none—————
	Other practitioner office visit	\$25 copay /visit	30% coinsurance	Spinal manipulation and manual medical therapy limited to 30 visits per calendar year. You must use the American Specialty Health Network for these services.
	Preventive care/screening/immunization	No charge	30% coinsurance	—————none—————

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# Chesterfield County and Public Schools: HK20 POS

Coverage Period: 01/01/2016 – 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: POS

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Providers	Your Cost If You Use Out-of-Network Providers	Limitations & Exceptions
If you have a test	Diagnostic test (x-ray, blood work)	\$20 PCP/\$40 specialist copay/visit	30% coinsurance	A copay does not apply when these services are provided by the same provider on the same date as the office visit.
	Imaging (CT/PET scans, MRIs)	\$300 copay/visit	30% coinsurance	Precertification required.

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# Chesterfield County and Public Schools: HK20 POS

Coverage Period: 01/01/2016 – 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: POS

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Providers	Your Cost If You Use Out-of-Network Providers	Limitations & Exceptions
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <u>prescription drug coverage</u> is available at <a href="http://www.anthem.com">www.anthem.com</a></p>	Tier 1	\$10 copay / prescription for Retail \$20 copay / prescription for Mail order	\$10 copay / prescription for Retail Not covered for Mail order	<p><b>Deductible: \$100/individual, \$200/family. Applies to drugs on all tiers.</b></p> <p>Retail pharmacy drugs are limited to a 30-day supply. Mail order drugs are limited to a 90-day supply.</p>
	Tier 2	\$30 copay / prescription for Retail \$60 copay / prescription for Mail order	\$30 copay / prescription for Retail Not covered for Mail order	
	Tier 3	\$50 copay / prescription for Retail \$100 copay / prescription for Mail order	\$50 copay / prescription for Retail Not covered for Mail order	<p>Your plan uses a preferred drug list (formulary) which identifies the status of covered drugs. Some drugs may require preauthorization, while other drugs are subject to step therapy and quantity limit requirements. If the necessary preauthorization is not obtained, the drug may not be covered.</p> <p>Note that if you visit an out-of-network pharmacy, you will pay the full cost of your prescription at the pharmacy then file a claim for reimbursement. Reimbursement will be based on what a participating pharmacy would receive had the prescription been filled at a participating pharmacy.</p>
	Specialty drugs	Covered by Specialty Pharmacy Network	Not covered	Must be purchased through the Specialty Pharmacy Network.

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# Chesterfield County and Public Schools: HK20 POS

**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage Period:** 01/01/2016 – 12/31/2016

**Coverage for:** Individual/Family | **Plan Type:** POS

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Providers	Your Cost If You Use Out-of-Network Providers	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250 copay/visit	30% coinsurance	—————none—————
	Physician/surgeon fees	\$20 PCP/\$40 specialist copay/visit	30% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	\$300 copay/visit	30% coinsurance	Copayment waived if admitted to the hospital.
	Emergency medical transportation	\$150 copay/transport	30% coinsurance	—————none—————
	Urgent care	\$20 PCP/\$40 specialist copay/visit	30% coinsurance	There is no unique benefit for Urgent Care.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 copay/ day	30% coinsurance	Precertification required. There is a \$300 copay per day up to \$1,500 per admission maximum.
	Physician/surgeon fee	No charge after facility fee is paid	30% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20/\$30 copay / visit	30% coinsurance	Copay varies based on type of visit. Refer to your Evidence of Coverage for details.
	Mental/Behavioral health inpatient services	\$300 copay/ day	30% coinsurance	Precertification required. There is a \$300 copay per day up to \$1,500 per admission maximum.
	Substance use disorder outpatient services	\$20/\$30 copay / visit	30% coinsurance	Copay varies based on type of visit. Refer to your Evidence of Coverage for details.
	Substance use disorder inpatient services	\$300 copay/day	30% coinsurance	Precertification required. There is a \$300 copay per day up to \$1,500 per admission maximum.
If you are pregnant	Prenatal and postnatal care	\$200 copay/ pregnancy	30% coinsurance	—————none—————

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# Chesterfield County and Public Schools: HK20 POS

Coverage Period: 01/01/2016 – 12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: POS

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Providers	Your Cost If You Use Out-of-Network Providers	Limitations & Exceptions
	Delivery and all inpatient services	\$300 copay/day	30% coinsurance	There is a \$300 copay per day up to \$1,500 per admission maximum.
If you need help recovering or have other special health needs	Home health care	20% coinsurance	30% coinsurance	100 visit limit per calendar year
	Rehabilitation services	\$25 copay/visit	30% coinsurance	30 combined visits for physical therapy and occupational therapy; 30 visits for speech therapy
	Habilitation services	\$25 copay/visit	30% coinsurance	All rehabilitation and habilitation visits count toward your rehabilitation visit limit.
	Skilled nursing care	20% coinsurance	30% coinsurance	100 day maximum per admission
	Durable medical equipment	20% coinsurance	30% coinsurance	
	Hospice service	No charge	30% coinsurance	
If your child needs dental or eye care	Eye exam	\$15 copay/ visit	\$30 allowance	One eye exam per member per calendar year. Provided through Blue View Vision.
	Glasses	Not covered	Not covered	Discounts available.
	Dental check-up	Not covered	Not covered	—————none—————

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## Excluded Services & Other Covered Services:

### Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the United States
- Routine foot care
- Weight loss programs

### Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Infertility treatment (limitations apply)
- Routine eye care
- Emergency/urgent care coverage provided outside the United States. See [www.BCBS.com/bluecardworldwide](http://www.BCBS.com/bluecardworldwide) for information on emergency/urgent care coverage outside of the United States.

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact Chesterfield County Government at (804) 748-1551 or Chesterfield County Public Schools at (804) 748-1226.

**Questions:** Call 1-855-333-5735 or visit us at [www.anthem.com](http://www.anthem.com)

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## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Anthem Blue Cross and Blue Shield: Appeals, Attention Member Services, P.O. Box 27401, Richmond, VA 23279.

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

## Language Access Services:

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a'tah ni'liigoo eí dooda'í, shikáa adoolwoł iínizinigo t'áá diné k'éjígoo, t'áá shoodí ba na'alníhí ya sidáhí bich'í naabídiíłkiid. Eí doo biigha daago ni ba'nija'go ho'aalagíí bich'í hodiilní. Hai'daa iini'taago eíya, t'áá shoodí diné ya atáh halne'ígíí ní béesh bee hane'í wólta' bi'ki si'niilígíí bi'kéhgo bich'í hodiilní.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

**Questions:** Call 1-855-333-5735 or visit us at [www.anthem.com](http://www.anthem.com)

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is  
not a cost  
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,900
- Patient pays \$2,640

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$520
Copays	\$1,970
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$2,640</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,900
- Patient pays \$1,500

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$600
Copays	\$610
Coinsurance	\$210
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,500</b>

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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## **Anthem Lumenos HSA (HDHP)**

800-582-6941 (toll-free)

Hours: 8:00 a.m. – 6:00 p.m. Monday-Friday

9:00 a.m. – 1:00 p.m. Saturday

Website: [www.anthem.com](http://www.anthem.com)

The Anthem Lumenos HSA (HDHP) is a High Deductible Health Plan with a Health Savings Account. The Plan requires a selection of a Primary Care Physician from within the Anthem Healthkeepers HMO network. Referrals to seek specialist care are not required. Services received from a physician, facility or hospital within the network will be covered at 100% after the deductible has been paid. Services received from a physician, facility or hospital not in the network will be covered at 70% after the out-of-network deductible has been met. The HSA (Health Savings Account) will allow you to contribute pre-tax dollars to your HSA to help pay your deductible. Chesterfield County Public Schools will be contributing up to half of the deductible to your HSA over the course of the calendar year. Unused dollars in the HSA can be saved or invested and accumulate through retirement.

The following summary of benefits will highlight coverage details provided for this plan. More detailed benefits are available in the Anthem Enrollment kit.





**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.anthem.com](http://www.anthem.com) or by calling 1-855-333-5735.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For in-network AND out-of-network providers combined: <b>\$2,800</b> individual / <b>\$5,600</b> family <b>You must pay all of the costs up to the deductible.</b> Deductible does not apply to In-Network Preventive Care and Routine Eye Exam.	See the chart on page 2 for your costs for services this plan covers.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	In-network: <b>\$4,000</b> individual / <b>\$8,000</b> family Out-of-Network: <b>\$5,000</b> individual / <b>\$10,000</b> family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, routine eye exam copayment, the cost of care when any benefit limits have been reached, the cost of non-covered services, and amounts above the allowed amount for out-of-network services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.

**Questions:** Call 1-855-333-5735 or visit us at [www.anthem.com](http://www.anthem.com)

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Does this plan use a <u>network of providers</u> ?	Yes. For a list of <u>in-network providers for HealthKeepers (HK)</u> , see <a href="http://www.anthem.com">www.anthem.com</a> or call 1-855-333-5735.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see a <u>specialist</u> you choose for covered services without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network providers by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Providers	Your Cost If You Use Out-of-Network Providers	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	30% coinsurance	—————none—————
	Specialist visit	0% coinsurance	30% coinsurance	—————none—————
	Other practitioner office visit	0% coinsurance	30% coinsurance	Spinal manipulation and manual medical therapy limited to 30 visits per calendar year.
	Preventive care/screening/immunization	No Charge	30% coinsurance	Deductible does not apply to in-network services.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	30% coinsurance	—————none—————

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# Chesterfield County and Public Schools/HK HDHP

**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage Period:** 01/01/2016 – 12/31/2016

**Coverage for:** Individual/Family | **Plan Type:** HDHP

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Providers	Your Cost If You Use Out-of-Network Providers	Limitations & Exceptions
	Imaging (CT/PET scans, MRIs)	0% coinsurance	30% coinsurance	Preauthorization required.
<b>If you need drugs to treat your illness or condition</b>  More information about <u>prescription drug coverage</u> is available at <a href="http://www.anthem.com">www.anthem.com</a>	Tier 1	\$10 copay/prescription for Retail \$20 copay / prescription for Mail order	\$10 copay/prescription for Retail Not covered for Mail order	Retail pharmacy drugs are limited to a 30-day supply. Mail order drugs are limited to a 90-day day supply.  Your plan uses a preferred drug list (formulary) which identifies the status of covered drugs. Some drugs may require prior authorization, while other drugs are subject to step therapy and quantity limit requirements. If the necessary prior authorization is not obtained, the drug may not be covered.
	Tier 2	\$30 copay/prescription for Retail \$60 copay / prescription for Mail order	\$30 copay/prescription for Retail Not covered for Mail order	
	Tier 3	\$50 copay/prescription for Retail \$100 copay / prescription for Mail order	\$50 copay/prescription for Retail Not covered for Mail order	If you visit an out-of-network pharmacy, you will pay the full cost of your prescription at the pharmacy then file a claim for reimbursement. Reimbursement will be based on what a participating pharmacy would receive had the prescription been filled at a participating pharmacy.
	Specialty drugs	Covered by Specialty Pharmacy Network	Not covered	Must be purchased through the Specialty Pharmacy Network
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	30% coinsurance	_____none_____
	Physician/surgeon fees	0% coinsurance	30% coinsurance	_____none_____

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# Chesterfield County and Public Schools/HK HDHP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2016 – 12/31/2016

Coverage for: Individual/Family | Plan Type: HDHP

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Providers	Your Cost If You Use Out-of-Network Providers	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	0% coinsurance	30% coinsurance	—————none—————
	Emergency medical transportation	0% coinsurance	30% coinsurance	—————none—————
	Urgent care	0% coinsurance	30% coinsurance	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	30% coinsurance	Precertification required.
	Physician/surgeon fee	0% coinsurance	30% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	0% coinsurance	30% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	0% coinsurance	30% coinsurance	Precertification required.
	Substance use disorder outpatient services	0% coinsurance	30% coinsurance	—————none—————
	Substance use disorder inpatient services	0% coinsurance	30% coinsurance	Precertification required.
If you are pregnant	Prenatal and postnatal care	0% coinsurance	30% coinsurance	—————none—————
	Delivery and all inpatient services	0% coinsurance	30% coinsurance	—————none—————
If you need help recovering or have other special health needs	Home health care	0% coinsurance	30% coinsurance	100 visits per calendar year.
	Rehabilitation services	0% coinsurance	30% coinsurance	30 combined visits for physical therapy and occupational therapy; 30 visits for speech therapy.
	Habilitation services	0% coinsurance	30% coinsurance	All rehabilitation and habilitation visits count toward your rehabilitation visit limit.
	Skilled nursing care	0% coinsurance	30% coinsurance	100 days per calendar year.
	Durable medical equipment	0% coinsurance	30% coinsurance	—————none—————
	Hospice service	0% coinsurance	30% coinsurance	—————none—————
If your child needs dental or eye care	Eye exam	\$15 copay/ visit	\$30 allowance	One eye exam per member per calendar year. Provided through Blue View Vision. Deductible does not apply.
	Glasses	Not covered	Not covered	Discounts available.
	Dental check-up	Not covered	Not covered	—————none—————

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## Excluded Services & Other Covered Services:

### Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs

### Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic Care
- Emergency/urgent care coverage provided outside the United States. See [www.BCBS.com/bluecardworldwide](http://www.BCBS.com/bluecardworldwide) for information on emergency/urgent care coverage outside of the United States.
- Private-duty nursing (limitations apply)
- Routine eye care

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact Chesterfield County Government at (804) 748-1551 or Chesterfield County Public Schools at (804) 748-1226.

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## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Anthem Blue Cross and Blue Shield: Appeals, Attention Member Services, P.O. Box 27401, Richmond, VA 23279.

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

## Language Access Services:

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a'tah ni'liigoo eí dooda'í, shikáa adoolwoł iínizinigo t'áá diné k'éjígoo, t'áá shoodí ba na'alníhí ya sidáhí bich'í naabídiíłkiid. Eí doo biigha daago ni ba'nija'go ho'aalagíí bich'í hodiilní. Hai'daa iini'taago eíya, t'áá shoodí diné ya atáh halne'ígíí ní béesh bee hane'í wólta' bi'ki si'niilígíí bi'kéhgo bich'í hodiilní.

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*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is  
not a cost  
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,570
- Patient pays \$2,970

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$2,800
Copays	\$20
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$2,970</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$2,280
- Patient pays \$3,120

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$2,800
Copays	\$240
Coinsurance	\$0
Limits or exclusions	\$80
<b>Total</b>	<b>\$3,120</b>

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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## **Delta Dental of Virginia**

### **Basic and Comprehensive Plans**

800-237-6060 (toll-free)

Hours: 8:15 a.m. – 6:00 p.m. Monday – Thursday

8:15 a.m. – 4:45 p.m. Friday

### **DeltaCare Plan**

800-862-0838

Hours: 8:15 a.m. – 4:45 p.m. Monday - Friday

Website: [www.deltadentalva.com](http://www.deltadentalva.com)

Three dental options are available through Delta Dental of Virginia. The Basic and Comprehensive options will allow you to seek dental care within the Delta Dental PPO and Premier networks as well as dentists outside of Delta Dental's network. The DeltaCare plan is a DHMO and requires the selection of a Primary Care Dentist from a list of participating DeltaCare dentists. Referrals are required to specialists including Orthodontists.

The following comparison will provide an overview of the benefits for each plan. More detailed benefits are available in the Delta Dental brochure.



# CHESTERFIELD COUNTY GOVERNMENT AND PUBLIC SCHOOLS

## PROGRAM COMPARISON

Plan Features	DeltaCare		Delta Dental PPO plus Premier Basic Option		Delta Dental PPO plus Premier Comprehensive Option	
<b>Annual Deductible</b> <ul style="list-style-type: none"><li>Diagnostic &amp; Preventive Services</li><li>Basic and Major Services</li></ul>	No deductible  No deductible		No deductible <b>PPO Dentist</b> \$ 50 per patient per calendar year; \$150 per family unit <b>Premier or Out-of-Network Dentist</b> \$ 75 per patient per calendar year \$225 per family unit		No deductible <b>PPO Dentist</b> \$ 50 per patient per calendar year; \$150 per family unit <b>Premier or Out-of-Network Dentist</b> \$ 75 per patient per calendar year \$225 per family unit	
<b>Annual Benefit Maximum</b>	No maximum		\$1500 per patient per calendar year		\$1500 per patient per calendar year	
<b>Benefits</b>	<b>Plan Covers*</b> <b>Approximately</b>	<b>You Pay*</b> <b>Approximately</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<ul style="list-style-type: none"><li>Diagnostic &amp; Preventive Services (exams, cleanings, x-rays, Prevention First)</li></ul>	100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance
<ul style="list-style-type: none"><li>Basic Services (fillings, oral surgery, endodontics, periodontics)</li></ul>	55-75% Plan Allowance	25-45% Plan Allowance	80% Plan Allowance (after deductible)	20% Plan Allowance	80% Plan Allowance (after deductible)	20% Plan Allowance
<ul style="list-style-type: none"><li>Major Services (crowns, bridges, dentures)</li></ul>	40-50% Plan Allowance	50-60% Plan Allowance	NOT COVERED		50% Plan Allowance (after deductible)	50% Plan Allowance
<ul style="list-style-type: none"><li>Orthodontic Services</li></ul>	*50% Plan Allowance		NOT COVERED		50% Plan Allowance	
<b>Lifetime Orthodontic Maximum</b>	No maximum		NOT COVERED		\$1500 lifetime maximum per patient	
<b>Dentist Network</b>	Your DeltaCare dentist must be utilized for care. Specialty care is available through Delta Dental's referral process if needed.		Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.		Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental Premier participating dentist.	
<b>Benefit/Membership Services</b>	1-800-862-0838		1-800-237-6060		1-800-237-6060	

\*DeltaCare services are covered subject to co-payments. Your co-payments range from 0% for most Diagnostic & Preventive Services, to approximately 25-45% for Basic Services, approximately 50-60% for Major Services, and approximately 50% for Orthodontic Services. Refer to the DeltaCare Description of Benefits and Co-payments for specific covered services and co-payments.



**CHESTERFIELD COUNTY PUBLIC SCHOOLS  
2016 HEALTH CARE RATES COMPARISON  
24 PAY PERIOD**

	<b>Anthem Lumenos HSA</b>	<b>Anthem POS 20</b>	<b>Delta Dental Basic</b>	<b>Delta Dental Comprehensive</b>	<b>Delta Dental DeltaCare</b>
Employee Only					
Employee cost	10.00	44.50	7.35	14.71	7.39
Employer cost	255.50	245.00	5.00	5.00	5.00
Total Cost	265.50	289.50	12.35	19.71	12.39
Employee & Child					
Employee cost	106.00	163.50	12.33	22.60	12.39
Employer cost	318.50	300.50	5.00	5.00	5.00
Total Cost	424.50	464.00	17.33	27.60	17.39
Employee & Children					
Employee cost	179.50	249.50	12.33	22.60	12.39
Employer cost	338.50	316.50	5.00	5.00	5.00
Total Cost	518.00	566.00	17.33	27.60	17.39
Employee & Spouse					
Employee cost	179.50	249.50	20.94	36.40	21.01
Employer cost	338.50	316.50	5.00	5.00	5.00
Total Cost	518.00	566.00	25.94	41.40	26.01
Employee & Family					
Employee cost	263.00	369.00	29.61	50.20	29.71
Employer cost	519.50	486.50	5.00	5.00	5.00
Total Cost	782.50	855.50	34.61	55.20	34.71

# **CHESTERFIELD COUNTY PUBLIC SCHOOLS IMPORTANT NOTICE**

## **COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is provided to you on behalf of:

**Chesterfield County Public Schools Health Plan  
Chesterfield County Public Schools Dental Plan  
Chesterfield County Public Schools Employee Assistance Program  
Chesterfield County Public Schools Retiree Healthcare Plan  
Chesterfield County Public Schools Health Flexible Spending Account Plan**

These plans comprise what is called an "Affiliated Covered Entity," and are treated as a single plan for purposes of this Notice and the privacy rules that require it. For purposes of this Notice, we'll refer to these plans as a single "Plan."

### ***The Plan's Duty to Safeguard Your Protected Health Information.***

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by Chesterfield County Public Schools that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices, from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI, and your rights with respect to the PHI they maintain.

### ***How the Plan May Use and Disclose Your Protected Health Information.***

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

- **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.
- **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans, in certain cases. For

example, if you are covered by more than one health care plan (e.g., covered by this Plan, and your spouse's plan, or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

- **Health care operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage.
- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
  - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Chesterfield County Public Schools) who sponsor or maintain for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage and other disputes related to the Plan's provision of benefits.
  - **Required by law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities who monitor compliance with these privacy requirements.
  - **For public health activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
  - **For health oversight activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
  - **Relating to decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
  - **For research purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
  - **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
  - **For specific government functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. Your authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to have an Opportunity to Object:** The Plan may share PHI with your family, friend or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

#### ***Your Rights Regarding Your Protected Health Information.***

You have the following rights relating to your protected health information:

- **To request restrictions on uses and disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.

- **To choose how the Plan contacts you:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.
- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request, in writing, that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.
- **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a respond to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

#### ***How to Complain about the Plan's Privacy Practices.***

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

#### ***Contact Person for Information, or to Submit a Complaint.***

If you have questions about this Notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices or handling of your PHI, please contact the Plan's Privacy Official (see below).

#### ***Privacy Official.***

The Plan's Privacy Official, the person responsible for ensuring compliance with this Notice, is:

Kim C. Carter, Director  
Compensation and Benefits  
Telephone Number: (804) 748-1544

The Plan's Deputy Privacy Official(s) is/are:

Bobbie Ivey, Benefits Administrator: (804) 751-4997  
Beverly Ezell, Benefits Administrator: (804) 717-6758

#### ***Organized Health Care Arrangement Designation.***

The Plan participates in what the federal privacy rules call an "Organized Health Care Arrangement." The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan and the Plan's business associates (third parties that assist the Plan), for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are:

**Chesterfield County Public Schools Health Plan  
Chesterfield County Public Schools Dental Plan  
Chesterfield County Public Schools Employee Assistance Program  
Chesterfield County Public Schools Retiree Healthcare Plan  
Chesterfield County Public Schools Health Flexible Spending Account Plan  
Anthem Health Plans of Virginia (dba Anthem Blue Cross/Blue Shield)  
Delta Dental of Virginia  
ComPsych  
Wells Fargo Insurance Services USA, Inc.  
P & A Group  
ACS/BNY Mellon HSA Solution  
Mercer Human Resources Consulting LLC  
Chesterfield County Public Schools  
Chesterfield County**

***Effective Date.***

The effective date of this Notice is: September 17, 2015

# Important Notice from Chesterfield County Public Schools About Your COBRA Rights and Obligations

This notice is intended to summarize your rights and obligations under the group health continuation coverage provision of COBRA. You and your spouse should take the time to read this notice carefully. Should you qualify for COBRA coverage in the future, the group health plan administrator or plan sponsor will send you the appropriate notification.

Federal law requires Chesterfield County Public Schools to offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end.

## TO QUALIFY FOR COBRA COVERAGE

**Employees.** As an employee of Chesterfield County Public Schools covered by Anthem, you have the right to elect this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

**Retirees.** As a retiree, spouse of a retiree, or dependent child of a retiree, of Chesterfield County Public Schools covered by Anthem you have the right to elect this continuation coverage if you lose your group health coverage because Chesterfield County Public Schools declares Chapter 11 bankruptcy and you lose your group health and/or dental coverage within one year before or after the bankruptcy proceedings.

**Spouses.** As the spouse of an employee covered by Anthem, you have the right to choose continuation coverage for yourself if you lose group health coverage under Anthem for any of the following reasons:

- The death of your spouse who was an employee of Chesterfield County Public Schools
- A termination of your spouse's employment (for reasons other than gross misconduct)
- A reduction in your spouse's hours of employment
- Divorce or legal separation from your spouse
- Your spouse becomes entitled to Medicare

**Dependent Children.** In the case of a dependent child of an employee covered by Anthem, he or she has the right to continuation coverage if group health coverage under Anthem is lost for any of the following reasons:

- The death of a parent who was an employee of Chesterfield County Public Schools
- The termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment with Chesterfield County Public Schools
- Parent's divorce or legal separation
- A parent who was an employee of Chesterfield County Public Schools becomes entitled to Medicare
- The dependent ceases to be a "dependent child" under Anthem

## YOUR NOTICE OBLIGATIONS

Under the law, the employee or a family member has 60 days from (1) the date of the event or (2) the date on which coverage would be lost, whichever is later, to inform Chesterfield County Public Schools of the employee's divorce or legal separation, or of the employee's child losing dependent status under Anthem. Please give notice by contacting the Benefits and Compensation Department at 748-1226 or by email at [benefits@ccpsnet.net](mailto:benefits@ccpsnet.net). Failure to give notice within the time limits can result in COBRA coverage being forfeited.

## TO ELECT COVERAGE

When Anthem is notified that one of these events has happened, Chesterfield County Public Schools will in turn notify the employee, spouse and dependents that they have the right to choose COBRA continuation coverage. The employee and spouse have independent election rights. The employee, spouse and dependents have 60 days from either (1) the date coverage is lost under Anthem or (2) the date of the notice, whichever is later, to respond informing Chesterfield County Public Schools that they want to elect continuation coverage. There is no extension of the election period.

If an employee, spouse or dependent does not elect continuation coverage within this election period, then rights to continue group health insurance will end.

If an employee, spouse or dependent chooses continuation coverage and pays the applicable premium, Chesterfield County Public Schools is required to provide coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated active employees or family members. If Chesterfield County Public Schools changes or ends group health coverage for similarly situated active employees, your coverage will also change or end.



## **DURATION OF COBRA COVERAGE**

**Termination or Reduction in Hours.** If group health coverage was lost because of a termination of employment (other than for reasons of gross misconduct) or a reduction in work hours, the continuation coverage period is 18 months from the date of the qualifying event, if elected.

**Employees, Spouses or Dependents with Disabilities.** The 18 months of continuation coverage can be extended to 29 months if the Social Security Administration determines that the employee, spouse or dependent child was disabled on the date of the qualifying event according to Title II (Old Age Survivors and Disability Insurance) or XVI (Supplemental Security Income) of the Social Security Act. Disabilities that occur after the qualifying event do not meet the criteria for the extended COBRA coverage period.

The employee, spouse or dependent must obtain the disability determination from the Social Security Administration and notify Chesterfield County Public Schools of the result within 60 days of the date of disability determination and before the close of the initial 18-month period. The employee, spouse or dependent has 30 days to notify Chesterfield County Public Schools from the date of a final determination that he or she is no longer disabled.

**Multiple Events.** The 18-month continuation period can also be extended, if during the 18 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement, or a dependent child ceasing to be a dependent). The 18 months of continuation coverage will be extended to 36 months from the date of the original qualifying event. Upon the occurrence of a second event, it is the employee's, spouse's or dependent's responsibility to notify Chesterfield County Public Schools within 60 days of the event and within the original 18-month COBRA period. COBRA coverage does not last beyond 36 months from the original qualifying event, no matter how many events occur.

## **DURATION OF COBRA COVERAGE**

**Other Qualifying Events.** If group health coverage was lost because of the death of the employee, divorce, legal separation, Medicare entitlement, or a dependent child ceasing to be a dependent child under Anthem and/or Delta Dental, then the continuation coverage period is 36 months from the date of the qualifying event, if elected.

## **COBRA CANCELLATION**

The law provides that continuation coverage may be cut short for any of the following reasons:

- Chesterfield County Public Schools no longer provides group health coverage to any of its employees
- The premium for continuation coverage is not paid in a timely manner
- The employee, spouse or dependent becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition
- The employee or spouse becomes entitled to Medicare
- The employee, spouse or dependent extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that he or she is no longer disabled
- The employee, spouse or dependent notifies Chesterfield County Public Schools that they wish to cancel continuation coverage.

## **PREMIUMS**

An employee, spouse or dependent does not have to show that they are insurable in order to choose continuation coverage. But an employee, spouse or dependent must have been actually covered by the group health plan the day before the qualifying event in order to elect COBRA coverage.

An employee, spouse or dependent may have to pay all of the applicable premium, which generally can not exceed 102% of the plan costs for a 12-month period. An exception exists for coverage of employees with disabilities during the extension from the 19th month to the 29th month. During that time, 150% of the plan cost may be charged. The group health and/or dental plan may increase the cost that must be paid for COBRA coverage if the applicable premium increases.

The period for paying the initial COBRA premium following the election of coverage is 45 days. The first payment made is to be applied retroactively toward coverage for the period beginning after the date on which coverage would have been lost as a result of the qualifying event.

There is a 30-day grace period following the date regularly scheduled monthly premiums are due. Only in the case of mental incapacity is any further extension permitted, since the group health plan does not permit extensions.

## **CONVERSION PRIVILEGES**

At the end of the continuation coverage period, the employee, spouse or dependent must be allowed the option to enroll in an individual conversion health plan provided under Anthem if such conversion plan is available.

## **FURTHER INFORMATION**

If you have any questions about the law or your obligations, please contact Chesterfield County Public Schools, Office of Compensation & Benefits.

# **Important Notice from Chesterfield County Public Schools About Your Prescription Drug Coverage and Medicare for Medicare Eligible Participants**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Chesterfield County Public Schools 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. Chesterfield County Public Schools has determined that the prescription drug coverage offered by Anthem 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.
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## **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 November 15th through December 31st.

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 Anthem coverage may be affected. You can keep this coverage if you elect part D and Anthem plan will coordinate with your Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Chesterfield County Public Schools coverage, be aware that you and your dependents may 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 Chesterfield County Public Schools 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 November to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the Office of Compensation and Benefits at (804) 748-1226. 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 Chesterfield County Public Schools 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](http://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](http://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: September 17, 2015

Name of Entity/Sender: Chesterfield County Public Schools

Contact--Position/Office: Office of Compensation and Benefits

Address: P.O. Box 10, Chesterfield, Va. 23832

Phone Number: 804-748-1226

## 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)**.

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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 July 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: <a href="http://www.myallhipp.com">www.myallhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: <a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884

<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>MISSOURI – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MONTANA – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>NEBRASKA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633	Website: <a href="http://www.dhs.state.pa.us/hipp">http://www.dhs.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>NEVADA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300

<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/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

OMB Control Number 1210-0137 (expires 10/31/2016)

*The Women's Health and Cancer Rights Act (the "Women's Health Act") was signed into law in October of 1998. The Women's Health Act amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act). This federal law requires group health plans to provide certain coverage for breast reconstruction following mastectomies. This coverage took effect on January 1, 1999.*

**The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits for a mastectomy also must provide coverage for:**

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and coverage for any complications in all stages of mastectomy, including lymphedema.

Under the Women's Health Act, breast reconstruction benefits are subject to the same deductibles, coinsurance and copayments, consistent with those established for other benefits under the plan.



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