Benefits for 2014/2015
Legal Notices

Accountability Act of 1996 (HIPAA) The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact Human Resources.

The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) The right to COBRA continuation coverage was created by federal law, so that you and your covered dependents may continue your employer-sponsored benefits coverage at full costs (plus an administrative fee). After a qualifying-event, COBRA continuation coverage must be offered to each qualified beneficiary. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost as a result of a qualifying event. If you're an employee, you'll become a qualified beneficiary if you lose your coverage for either of these reasons:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct

If you're the spouse/dependent of a <CLIENT NAME> employee, you'll become a qualified beneficiary if you lose your coverage under the Plan for any of these reasons:

- Your spouse/parent dies
- Your spouse/parent's hours of employment are reduced
- Your spouse/parent's employment ends for reasons other than his or her gross misconduct
- Your spouse/parent is retired and becomes entitled to Medicare benefits
- You are divorced or legally seperated from your spouse
- Child is no longer eligible for coverage under the Plan as a dependent child.

The period of time for which coverage may continue will depend on the qualifying event. When the event is death of the employee, entitlement to Medicare benefits, divorce or seperation, or child's loss of dependent eligibility, COBRA continuation coverage remains in effect for up to 36 months. With some exceptions, when the qualifying event is the end of employment or reduction in hours, COBRA continuation generally lasts for only up to 18 months.

Family Medical Leave Act (FMLA) FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following events:

- Incapacity due to pregnancy, pre-natal medical care or child birth
- To care for an employee's child after birth, or placement for adoption or foster care
- To care for an employee's spouse, son or daughter, or parent, who has a serious health condition; or

Benefits for 2014/2015
Legal Notices

- A serious health condition that makes an employee unable to perform the employee's job

Eligible employees with a spouse, son, daughter, or parent on active duty or call-to-active-duty status in the National Guard or Reserves in support of contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financing and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have at mastectomy, you may be entitled to certain benefits under the Woman'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:

(1) All stages of reconstruction of the breast on which mastectomy was performed.

(2) Surgery and reconstruction of the other breast to produce a symmetrical appearence; prostheses.

(3) Treatment of physical complications of the mastectomy, including lymphedema.

Medicaid and the Children's Health insurance Program (CHIP)

If you're eligible for health coverage from <CLIENT NAME>, but can't afford the premiums, some states have premium-assistance programs that can help pay for coverage with funds from their Medicaid or CHIP programs. If you or your dependents are already enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT curonce it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, the employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, and not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.