

IMPORTANT ANNUAL COMPLIANCE NOTICES

Medicare Part D Creditable Coverage Notice

Please refer to the notice at the end of this packet if you or your dependent(s) enrolled on this medical plan are currently Medicare eligible or close to Medicare eligibility. This would affect whether or not you would be subject to any penalties if you delayed enrollment in Medicare Part D when you become Medicare eligible.

COBRA General Notice

This plan offers COBRA coverage, which is a temporary extension of coverage under the plan if you or your dependents lose eligibility for various reasons. For list of reasons or to find out more information about COBRA, please refer to the notice at the end of this packet.

Marketplace Notice

The Affordable Care Act (ACA) provides another way to purchase individual insurance through www.healthcare.gov. Because this plan meets certain standards set by the ACA, neither you nor your dependents are eligible to purchase an individual plan through the Marketplace AND receive subsidies. For additional information, please refer to the New Health Insurance Marketplace Coverage Options and Your Health Coverage form at the end of this packet.

Women's Health and Cancer Rights Act

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information on this coverage, contact member services (number on the back of your ID card).

Newborn Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Medicaid and Children's Health Insurance Plan (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance, your employer must permit you to enroll in your employer plan (within 60 days of being determined eligible) if you are not already enrolled.