

[Insert Group Health Plan Name] (“Plan”)

**ANNUAL NOTICES [Insert date notice is distributed]**

**For more information regarding the following information, contact [Insert contact information]:**

**Women’s Health and Cancer Rights Act of 1998.**

The 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 of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

**HIPAA Privacy.** The Plan complies with the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These requirements are described in a Notice of Privacy Practices that was previously given to you. A copy of this notice is available upon.

**HIPAA Special Enrollment Rights.** If you are declining enrollment in the Plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself or your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

**[If the employer sponsors a wellness program that conditions the receipt of a reward on satisfying a health standard add:]**

**Wellness Program.** The Plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. An alternative program will be provided in some, but not all, circumstances.

**If the Plan is grandfathered under the Affordable Care Act add:**

**Grandfathered Health Plan.** We believe that the Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Human Resources. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

**If the plan is not grandfathered and requires or allows for the designation of primary care providers by participants or beneficiaries add:**

The Plan generally [requires/allows] the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. [If the plan or health insurance coverage designates a primary care provider automatically, insert: Until you make this designation, [name of group health plan or health insurance issuer] designates one for you.] For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the [plan administrator or issuer] at [insert contact information].

**If the plan is not grandfathered and requires or allows for the designation of a primary care provider for a child add:**

For children, you may designate a pediatrician as the primary care provider.

**If the plan is not grandfathered and provides coverage for obstetric or gynecological care and requires the designation by a participant or beneficiary of a primary care provider add:**

You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the [plan administrator or issuer] at [insert contact information].

premiums. The following list of States is current as of updated July 1, 2014. You should contact your State for further information on eligibility.

**If you have employees residing in any of the States listed on the following chart add:**

**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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, 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 under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are 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. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health life

<p><b>ALABAMA - Medicaid</b>  Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a>  Phone: 1-855-692-5447</p>
<p><b>ALASKA - Medicaid</b>  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</p>
<p><b>ARIZONA - CHIP</b>  Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a>  Phone (Outside of Maricopa County): 1-877-764-5437  Phone (Maricopa County): 602-417-5437</p>
<p><b>COLORADO - Medicaid</b>  Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a>  Medicaid Phone (In state): 1-800-866-3513  Medicaid Phone (Out of state): 1-800-221-3943</p>
<p><b>FLORIDA - Medicaid</b>  Website: <a href="https://www.fimedicaidprecovery.com/">https://www.fimedicaidprecovery.com/</a>  Phone: 1-877-357-3268</p>
<p><b>GEORGIA - Medicaid</b>  Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a>  Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)  Phone: 1-800-869-1150</p>
<p><b>IDAHO - Medicaid and CHIP</b>  Medicaid Website:  <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a>  Medicaid Phone: 1-800-926-2588  CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a>  CHIP Phone: 1-800-926-2588</p>
<p><b>INDIANA - Medicaid</b>  Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a>  Phone: 1-800-889-9949</p>
<p><b>IOWA - Medicaid</b>  Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a>  Phone: 1-888-346-9562</p>
<p><b>KANSAS - Medicaid</b>  Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>  Phone: 1-800-792-4884</p>
<p><b>KENTUCKY - 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</p>
<p><b>LOUISIANA - Medicaid</b>  Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a>  Phone: 1-888-695-2447</p>
<p><b>MAINE - Medicaid</b>  Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-977-6740  TTY 1-800-977-6741</p>
<p><b>MASSACHUSETTS - Medicaid and CHIP</b>  Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>  Phone: 1-800-462-1120</p>
<p><b>MINNESOTA - Medicaid</b>  Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a>  Click on Health Care, then Medical Assistance Phone: 1-800-657-3629</p>
<p><b>MISSOURI - Medicaid</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</p>
<p><b>MONTANA - Medicaid</b>  Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a>  Phone: 1-800-694-3084</p>
<p><b>NEBRASKA - Medicaid</b>  Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a>  Phone: 1-800-383-4278</p>

<p><b>NEVADA - Medicaid</b>  Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a>  Medicaid Phone: 1-800-992-0900</p>
<p><b>NEW HAMPSHIRE - Medicaid</b>  Website: <a href="http://m/w.dhhs.nh.gov/oi/documents/hippapp.pdf">http://m/w.dhhs.nh.gov/oi/documents/hippapp.pdf</a>  Phone: 603-271-5218</p>
<p><b>NEW JERSEY - Medicaid and CHIP</b>  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</p>
<p><b>NEW YORK - Medicaid</b>  Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p><b>NORTH CAROLINA – Medicaid</b>  Website: <a href="http://www.ncdhs.gov/dma">http://www.ncdhs.gov/dma</a>  Phone: 919-855-4100</p>
<p><b>NORTH DAKOTA - Medicaid</b>  Website:  <a href="http://www.nd.gov/dhs/services/medicalsev/medicaid/">http://www.nd.gov/dhs/services/medicalsev/medicaid/</a>  Phone: 1-800-755-2604</p>
<p><b>OKLAHOMA - Medicaid and CHIP</b>  Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p><b>OREGON - Medicaid and CHIP</b>  Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a>  <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a>  Phone: 1-800-699-9075</p>
<p><b>PENNSYLVANIA - Medicaid</b>  Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a>  Phone: 1-800-692-7462</p>
<p><b>RHODE ISLAND - Medicaid</b>  Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a>  Phone: 401-462-5300</p>
<p><b>SOUTH CAROLINA - Medicaid</b>  Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>
<p><b>SOUTH DAKOTA - Medicaid</b>  Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p><b>TEXAS - Medicaid</b>  Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a>  Phone: 1-800-440-0493</p>
<p><b>UTAH - Medicaid and CHIP</b>  Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a>  Phone: 1-866-435-7414</p>
<p><b>VERMONT— Medicaid</b>  Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<p><b>VIRGINIA - Medicaid and CHIP</b>  Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a>  CHIP Phone: 1-866-873-2647</p>
<p><b>WASHINGTON - Medicaid</b>  Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a>  Phone: 1-800-562-3022 ext. 15473</p>
<p><b>WEST VIRGINIA - Medicaid</b>  Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a>  Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p><b>WISCONSIN - Medicaid</b>  Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a>  Phone: 1-800-362-3002</p>
<p><b>WYOMING - Medicaid</b>  Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a>  Phone: 307-777-7531</p>

To see if any more States have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, you can contact either:

<p>U.S. Department of Labor Employee Benefits Security Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 1-866-444-EBSA (3272)</p>	<p>U.S. Department of Health and Human Services Centers for Medicare &amp; Medicaid Services <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a> 1-877-267-2323, Menu Option 4, Ext. 61565</p>
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