



important notices

regarding your benefits program

Statement of Belief - Grandfather Status

Enloe Medical Center Employee Welfare Benefit Plan believes this coverage 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 an overall lifetime limit 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 the Plan Administrator at 530.332.7344. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866.444.3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.

HIPAA - Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) provides rights and protections for participants and beneficiaries in group health plans. HIPAA includes protections for coverage under group health plans that limit exclusions for preexisting conditions; prohibit discrimination against employees and dependents based on their health status; and allow a special opportunity to enroll in a new plan to individuals in certain circumstances. HIPAA may also give you a right to purchase individual coverage if you have no group health plan coverage available, and have exhausted COBRA or other continuation coverage.

HIPAA makes health insurance portable by providing rights in three circumstances:

1. When you leave a job where you had group health plan coverage, and move to another job with group health plan coverage. (This also applies if you are covered as a dependent of the person who changes jobs.)
2. You lose group health plan coverage, you meet the definition of a HIPAA eligible individual and you wish to purchase individual health insurance coverage. (For more information on a HIPAA eligible individual, go to



IMPORTANT NOTICES (CONTINUED)

CMS Web page, Health Insurance Reform for Consumers <http://www.cms.hhs.gov/HealthInsReformforConsume/>, scroll down to the Downloads, select “HIPAA Eligibility Criteria for Individual Coverage”.)

3. You have individual health insurance coverage or any other type of creditable coverage, and you enroll in a new group health plan.

Keenan HealthCare will automatically provide certificates of coverage required under HIPAA. If subscribers or dependents have further questions about the portability aspect of HIPAA, they should consult the Department of Labor Web site: <http://www.dol.gov/dol/topic/health-plans/portability.htm>.

Medicare Part D - Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Enloe Medical Center 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. Enloe Medical Center has determined that the prescription drug coverage offered by Enloe Medical Center Medical Plan 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.

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 October 15th to December 7th.

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 Enloe Medical Center coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Enloe Medical Center coverage, be aware that you and your dependents may not be able to get this coverage back.

IMPORTANT NOTICES (CONTINUED)

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 Enloe Medical Center 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 October to join.

For More Information about this Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information. NOTE: You will 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 Enloe Medical Center 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 will 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.

- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.
- Call 800.MEDICARE (800.633.4227). TTY users should call 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, or call them at 800.772.1213 (TTY 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).

CMS Form 10182-CC Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average eight (8) hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Date:	October 2011
Name of Entity/Sender:	Enloe Medical Center
Contact:	Express Scripts, Inc. Customer Service
Address:	PO Box 66583 St. Louis, MO 63166-6583
Phone Number:	888.605.1396



IMPORTANT NOTICES (CONTINUED)

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

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 **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 under Medicaid or CHIP, your 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, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility.

- **Alabama - Medicaid**
www.medicaid.alabama.gov
800.362.1504
- **Alaska - Medicaid**
<http://health.hss.state.ak.us/dpa/programs/medicaid/>
Anchorage: 907.269.6529
Outside of Anchorage: 888.318.8890
- **Arizona - CHIP**
www.azahcccs.gov/applicants/default.aspx
Maricopa County: 602.417.5437
Outside of Maricopa County: 877.764.5437
- **Arkansas - CHIP**
www.arkidsfirst.com/
888.474.8275
- **California - Medicaid**
www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
866.298.8443
- **Colorado - Medicaid and CHIP**
www.colorado.gov/
800.866.3513
Out-of-State: 800.221.3943
[CHIP](http://www.CHPplus.org)
www.CHPplus.org
303.866.3243
- **Florida - Medicaid**
www.fdhc.state.fl.us/Medicaid/index.shtml
877.357.3268

IMPORTANT NOTICES (CONTINUED)

- **Georgia - Medicaid**
<http://dch.georgia.gov/>
Click on Programs, then Medicaid
800.869.1150
- **Idaho - Medicaid and CHIP**
Medicaid
www.accesstohealthinsurance.idaho.gov
800.926.2588
CHIP
www.medicaid.idaho.gov
800.926.2588
- **Indiana - Medicaid**
www.in.gov/fssa
800.889.9948
- **Iowa - Medicaid**
www.dhs.state.ia.us/hipp/
888.346.9562
- **Kansas - Medicaid**
www.khpa.ks.gov
800.792.4884
- **Kentucky - Medicaid**
<http://chfs.ky.gov/dms/default.htm>
800.635.2570
- **Louisiana - Medicaid**
www.lahipp.dhh.louisiana.gov
888.342.6207
- **Maine - Medicaid**
www.maine.gov/dhhs/OIAS/public-assistance/index.html
800.321.5557
- **Massachusetts - Medicaid and CHIP**
www.mass.gov/MassHealth
800.462.1120
- **Minnesota - Medicaid**
www.dhs.state.mn.us/
Click on Health Care, then Medical Assistance
651.431.2670
Outside Area: 800.657.3739
- **Missouri - Medicaid**
www.dss.mo.gov/mhd/participants/pages/hipp.htm
573.751.2005
- **Montana - Medicaid**
<http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>
800.694.3084
- **Nebraska - Medicaid**
www.dhhs.ne.gov/med/medindex.htm
877.255.3092
- **Nevada - Medicaid and CHIP**
Medicaid
<http://dwss.nv.gov/>
800.992.0900
CHIP
www.nevadacheckup.nv.org/
877.543.7669
- **New Hampshire - Medicaid**
www.dhhs.nh.gov/ombp/index.htm
603.271.4238
- **New Jersey - Medicaid and CHIP**
Medicaid
www.state.nj.us/humanservices/dmahs/clients/medicaid/
800.356.1561
CHIP
www.njfamilycare.org/index.html
800.701.0710
- **New Mexico - Medicaid and CHIP**
Medicaid
www.hsd.state.nm.us/mad/index.html
888.997.2583
CHIP
www.hsd.state.nm.us/mad/index.html
Click on Insure New Mexico
888.997.2583
- **New York - Medicaid**
www.nyhealth.gov/health_care/medicaid/
800.541.2831



IMPORTANT NOTICES (CONTINUED)

- **North Carolina - Medicaid**
www.nc.gov
919.855.4100
- **North Dakota - Medicaid**
www.nd.gov/dhs/services/medicalserv/medicaid/
800.755.2604
- **Oklahoma - Medicaid**
www.insureoklahoma.org
888.365.3742
- **Oregon - Medicaid and CHIP**
www.oregonhealthykids.gov
877.314.5678
- **Pennsylvania - Medicaid**
www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm
800.644.7730
- **Rhode Island - Medicaid**
www.dhs.ri.gov
401.462.5300
- **South Carolina - Medicaid**
www.scdhhs.gov
888.549.0820
- **Texas - Medicaid**
www.gethipptexas.com/
800.440.0493
- **Utah - Medicaid**
<http://health.utah.gov/upp>
866.435.7414
- **Vermont - Medicaid**
www.greenmountaincare.org
800.250.8427
- **Virginia - Medicaid and CHIP**
Medicaid
www.dmas.virginia.gov/rcp-HIPP.htm
800.432.5924
CHIP
www.famis.org
866.873.2647
- **Washington - Medicaid**
<http://hrsa.dshs.wa.gov/premiumpymt/apply.shtm>
800.562.3022, ext. 15473
- **West Virginia - Medicaid**
www.wvrecovery.com/hipp.htm
304.342.1604
- **Wisconsin - Medicaid**
www.badgercareplus.org/pubs/p-10095.htm
800.362.3002
- **Wyoming - Medicaid**
www.health.wyo.gov/healthcarefin/index.html
307.777.7531

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

- U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
866.444.EBSA (3272)
- U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
www.cms.hhs.gov
877.267.2323, ext. 61565

IMPORTANT NOTICES (CONTINUED)

Newborns and Mothers Health Protection

Group health plans and health insurance issuers generally may not, under Federal Laws, 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 delivery. 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- 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;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Our plans comply with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending physicians to provide care inconsistent with these requirements. Call your HR Administrator for more information or a copy of the summary plan description.

Grievance/Appeals

You have a right to two levels of appeal with our carriers, and a right to a response within a reasonable amount of time. However, also know that if a claim is not submitted within a reasonable time, the carriers have a right to deny that claim. The California Department of Managed Health Care (DMHC) is responsible for regulating health care plans. If you have a grievance against your health plan, you should first telephone your health plan and use your plan's appeal process before contacting the DMHC. Please review each contract for specific procedures on how to submit an appeal to a claim. This does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency or that has not been satisfactorily resolved by your health plan, or that has remained unresolved for more than 30 days, you may call the DMHC for assistance. You may also be eligible for Independent Medical Review for an impartial review of medical decisions made by a health plan related to medical necessity, coverage decisions for treatments that are experimental in nature, and payment disputes for emergency or urgent medical services. The DMHC can be reached at 888.HMO.2219 (TDD 877.688.9891) or www.hmohelp.ca.gov.

