

Important Notices from Montgomery County regarding Health Coverage and Benefits

NOTICE REGARDING WELLNESS PROGRAM

Montgomery County's Wellness Program is a voluntary wellness program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, please refer to mcbenefits.org to receive more information on program requirements and incentives.

Participation in the wellness program is not required. However, employees who choose to participate in the wellness program will receive incentive dollars, as described on the mcbenefits.org website. To determine if you are eligible to receive incentive dollars, and to find out when incentive dollars will be deposited, please refer to the mcbenefits.org website.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources - 937-225-4018.

The results from your participation will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as educational videos and individualized health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Montgomery County may use aggregate information it collects to design a program based on identified health risks in the workplace, WellVibe / YMCA will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the Wellvibe/YMCA team in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 937-225-4018.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Montgomery County Human Resources at 937-225-4018.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

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

- 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

These benefits will be provided subject to the same deductibles, coinsurance, and copayments applicable to other medical and surgical benefits provided under the medical plan option in which you enroll. Please contact the Montgomery County Benefits Department with any questions.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION 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).

HIPAA Notice of Privacy Practices

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. This notice is available to you by contacting the Human Resources Department.

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.

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 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 or call **1-866-444-EBSA (3272)**.

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

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, 2020. Contact your State for more information on eligibility –

Alabama: Medicaid
myalhipp.com
1-855-692-5447

Alaska: Medicaid
The AK Health Insurance
Premium Payment Program
myakhipp.com
1-866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: [dhss.alaska.gov/dpa/
Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx)

Arkansas: Medicaid
myarhipp.com
1-855-MyARHIPP
(855-692-7447)

Florida: Medicaid
fmedicaidprecovery.com/hipp
1-877-357-3268

Georgia: Medicaid
www.medicaid.georgia.gov
– Click on Health Insurance Premium Pay-
ment (HIPP)
404-656-4507

Iowa: Medicaid
dhs.iowa.gov/hawk-i
1-800-257-8563

Indiana: Medicaid
Healthy Indiana Plan for low-income adults
19-64: www.in.gov/fssa/hip
1-877-438-4479
All other Medicaid:
www.indianamedicaid.com
1-800-403-0864

Kansas: Medicaid
<http://www.kdheks.gov/hcf>
1-785-296-3512

Kentucky: Medicaid
<https://chfs.ky.gov>
1-800-635-2570

Louisiana: Medicaid
[dhh.louisiana.gov/index.cfm/ subhome/1/
n/331](http://dhh.louisiana.gov/index.cfm/subhome/1/n/331)
1-888-695-2447

Maine: Medicaid
[www.maine.gov/dhhs/ofi/public-assistance/
index.html](http://www.maine.gov/dhhs/ofi/public-assistance/index.html)
1-800-442-6003 TTY:
Maine relay 711

Massachusetts: Medicaid and CHIP
[www.mass.gov/eohhs/gov/ departments/
masshealth](http://www.mass.gov/eohhs/gov/departments/masshealth)
1-800-862-4840

Minnesota: Medicaid
[https://mn.gov/dhs/peoplewe-serve/seniors/
health-care/ health-care-programs/programs-
and-services/other-insurance.jsp](https://mn.gov/dhs/peoplewe-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp)
1-800-657-3739 or 651-431-2670

Missouri: Medicaid
[www.dss.mo.gov/mhd/participants/pages/
hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)
573-751-2005

Montana: Medicaid
[dphhs.mt.gov/ MontanaHealthcarePrograms/
HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)
1-800-694-3084

Nebraska: Medicaid
www.ACCESSNebraska.ne.gov
855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

Nevada: Medicaid
dhcfp.nv.gov
1-800-992-0900

New Hampshire: Medicaid
www.dhhs.nh.gov/oii/hipp.htm
603-271-5218
Toll-Free: 1-800-852-3345, ext 5218

New Jersey: Medicaid and CHIP Medicaid
[www.state.nj.us/ humanservices/ dmahs/
clients/medicaid](http://www.state.nj.us/humanservices/dmahs/clients/medicaid)
609-631-2392
CHIP: [www.njfamilycare.org/ index.html](http://www.njfamilycare.org/index.html)
1-800-701-0710

New York: Medicaid
[https://www.health.ny.gov/ health_care/
medicaid](https://www.health.ny.gov/health_care/medicaid)
1-800-541-2831

North Carolina: Medicaid
<https://dma.ncdhhs.gov>
919-855-4100

North Dakota: Medicaid
[www.nd.gov/dhs/services/ medicalsev/
medicaid](http://www.nd.gov/dhs/services/medicalsev/medicaid)
1-844-854-4825

Oklahoma: Medicaid and CHIP
www.insureoklahoma.org
1-888-365-3742

Oregon: Medicaid and CHIP
[healthcare.oregon.gov/Pages/ index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)
[www.oregonhealthcare.gov/ index-es.html](http://www.oregonhealthcare.gov/index-es.html)
1-800-699-9075

Pennsylvania: Medicaid
[www.dhs.pa.gov/provider/ medicallassis-
tance/healthinsurance premiumpaymen-
thippprogram/index.htm](http://www.dhs.pa.gov/provider/medicallassistance/healthinsurancepremiumpayment/hippprogram/index.htm)
1-800-692-7462

Rhode Island: Medicaid
www.eohhs.ri.gov
855-697-4347

South Carolina: Medicaid
<https://www.scdhhs.gov>
1-888-549-0820

South Dakota: Medicaid
dss.sd.gov
1-888-828-0059

Texas: Medicaid
gethipptexas.com
1-800-440-0493

Utah: Medicaid and CHIP Medicaid:
<https://medicaid.utah.gov>
CHIP: health.utah.gov/chip
1-877-543-7669

Vermont: Medicaid
www.greenmountaincare.org
1-800-250-8427

Virginia: Medicaid and CHIP
[www.coverva.org/programs_premi-
um_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
Medicaid: 1-800-432-5924
CHIP: 1-855-242-8282

Washington: Medicaid [www.hca.wa.gov/
freeor-low-cost-health-care/ program-
administration/ premium-payment-program](http://www.hca.wa.gov/freeor-low-cost-health-care/program-administration/premium-payment-program)
1-800-562-3022 ext. 15473

West Virginia: Medicaid
mywvhipp.com
Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)

Wisconsin: Medicaid and CHIP
[https://www.dhs.wisconsin.gov/
publications/p1/p10095.pdf](https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf)
1-800-362-3002

Wyoming: Medicaid
[https://health.wyo.gov/ healthcarefin/
medicaid](https://health.wyo.gov/healthcarefin/medicaid)
307-777-7531

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Montgomery County 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. Montgomery County has determined that the prescription drug coverage offered by the UMR's Group Health 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 through 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 Montgomery County coverage may be affected.

See the Certificate of Coverage to determine how your plan coordinates with Medicare Part D coverage should you elect Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Montgomery County coverage, be aware that you and your dependents may NOT be able to get this coverage back.

If you decide to join a Medicare drug plan and drop your current Montgomery County coverage, be aware that you and your dependents will NOT be able to get this coverage back if Montgomery County is a Medigap issuer.

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 Montgomery County 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 or call Montgomery County at 937-225-4018. 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 Montgomery County 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
- 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, 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: August 2020

Name of Entity/Sender: Montgomery County

Contact - Position/Office: Human Resources

Address: 451 West Third Street Dayton, OH 45422

Phone Number: 937-225-4018