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# **Benefit and Compensation Consultants**

Annual Notices 2015

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## 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).

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**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, 2014. You should contact your state for further information on eligibility.**

**ALABAMA** – Medicaid

Website: <http://www.medicaid.alabama.gov>  
Phone: 1-855-692-5447

**ALASKA** – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>  
Phone (Outside of Anchorage): 1-888-318-8890  
Phone (Anchorage): 907-269-6529

**ARIZONA** – CHIP

Website: <http://www.azahcccs.gov/applicants>  
Phone (Outside of Maricopa County): 1-877-764-5437  
Phone (Maricopa County): 602-417-5437

**COLORADO** – Medicaid

Medicaid Website: <http://www.colorado.gov/>  
Medicaid Phone (in-state): 1-800-866-3513  
Medicaid Phone (out-of-state): 1-800-221-3943

**FLORIDA** – Medicaid

Website: <https://www.flmedicaidtprrecovery.com/>  
Phone: 1-877-357-3268

**GEORGIA** – Medicaid

Website: <http://dch.georgia.gov/>  
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)  
Phone: 1-800-869-1150

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

### **IDAHO** – Medicaid and CHIP

Medicaid Website: <http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx>  
Medicaid Phone: 1-800-926-2588

### **INDIANA** – Medicaid

Website: <http://www.in.gov/fssa>  
Phone: 1-800-889-9949

### **IOWA** – Medicaid

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)  
Phone: 1-888-346-9562

### **KANSAS** – Medicaid

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-800-792-4884

### **KENTUCKY** – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

### **LOUISIANA** – Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>  
Phone: 1-888-695-2447

### **MAINE** – Medicaid

Website: <http://www.maine.gov/dhhs/ofii/public-assistance/index.html>  
Phone: 1-800-977-6740  
TTY 1-800-977-6741

### **MASSACHUSETTS** – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>  
Phone: 1-800-462-1120

### **MINNESOTA** – Medicaid

Website: <http://www.dhs.state.mn.us/>  
(click on "Health Care," then "Medical Assistance")  
Phone: 1-800-657-3629

### **MISSOURI** – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

### **MONTANA** – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>  
Phone: 1-800-694-3084

### **NEBRASKA** – Medicaid

Website: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: 1-855-632-7633

### **NEVADA** – Medicaid

Medicaid Website: <http://dwss.nv.gov/>  
Medicaid Phone: 1-800-992-0900

### **NEW HAMPSHIRE** – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>  
Phone: 603-271-5218

### **NEW JERSEY** – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

### **NEW YORK** – Medicaid

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

### **NORTH CAROLINA** – Medicaid

Website: <http://www.ncdhhs.gov/dma>  
Phone: 919-855-4100

### **NORTH DAKOTA** – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-800-755-2604

### **OKLAHOMA** – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

### **OREGON** – Medicaid and CHIP

Website: <http://www.oregonhealthykids.gov>  
or <http://www.hijossaludablesoregon.gov>  
Phone: 1-800-699-9075

### **PENNSYLVANIA** – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>  
Phone: 1-800-692-7462

### **RHODE ISLAND** – Medicaid

Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)  
Phone: 401-462-5300

### **SOUTH CAROLINA** – Medicaid

Website: <http://www.scdhhs.gov>  
Phone: 1-888-549-0820

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

### **SOUTH DAKOTA** – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

### **TEXAS** – Medicaid

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

### **UTAH** – Medicaid and CHIP

Website: <http://health.utah.gov/upp>

Phone: 1-866-435-7414

### **VERMONT** – Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

### **VIRGINIA** – Medicaid and CHIP

Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

Medicaid Phone: 1-800-432-5924

CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

CHIP Phone: 1-855-242-8282

### **WASHINGTON** – Medicaid

Website: <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>

Phone: 1-800-562-3022, ext. 15473

### **WEST VIRGINIA** – Medicaid

Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)

Phone: 1-877-598-5820, HMS Third Party Liability

### **WISCONSIN** – Medicaid

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>

Phone: 1-800-362-3002

### **WYOMING** – Medicaid

Website: <http://health.wyo.gov/healthcarefin/equalitycare>

Phone: 307-777-7531

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 may contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

## Important Notice from Benefit and Compensation Consultants About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Benefit and Compensation Consultants medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2015. This is known as “creditable coverage.”

**Why this is important.** If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2015 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

### Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with Benefit and Compensation Consultants and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

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You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Benefit and Compensation Consultants prescription drug plans, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2015. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Benefit and Compensation Consultants coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Benefit and Compensation Consultants plan.

You should know that if you waive or leave coverage with Benefit and Compensation Consultants and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

## Important Notice from Benefit and Compensation Consultants About Creditable Prescription Drug Coverage and Medicare

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if the Benefit and Compensation Consultants coverage changes, or upon your request.

### **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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, call us at 866-478-3485.

## Special Enrollment Notice

As you know, if you decline enrollment in BCC's health plan for you or your dependents (including your spouse) because of other group health plan coverage, you or your dependents may be able to enroll in BCC's health plan without waiting for the next open enrollment period if you or your dependents lose eligibility for that other coverage, provided that you request enrollment within 30 days after the other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

BCC will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the BCC's group health plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

## WHCRA Annual Notice

Do 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? Call (866) 478-3485 for more information..



## State Provided Health Exchanges

People without health insurance may sign up for standardized coverage through new health insurance marketplaces run either by their state, the federal government, or a combination of the two.

Please note that in most cases you won't be eligible for federal financial assistance under a health exchange plan because the company subsidizes a significant portion of the cost of your medical coverage and our plans exceed minimum standards. As a result, in most cases it may be in your interest to keep your coverage under a Benefit and Compensation Consultants medical plan.

## Statement of Rights under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 fewer than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (for example, your doctor, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that you, your physician, or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain precertification for any days of confinement that exceeds 48 hours (or 96 hours). For information on precertification, contact your plan administrator.