

# CITY OF WOODSTOCK



GEORGIA

## Required Annual Notices

*\*An important notice regarding Medicare Part D is included in this guide.  
We encourage all Medicare-eligible members to read it carefully.*

Provided by:  
Gallagher Benefit Services

 Arthur J. Gallagher & Co.

## **Women's Health and Cancer Rights Act of 1998 Required Annual Notice**

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 states 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 physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

## **HIPAA Notice of Privacy Practices**

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **Summary**

We are required by law to:

- Make sure that protected health information is kept private.
- Provide you with this Notice of our legal duties and privacy practices relating to your protected health information.
- Follow the terms of the Notice that is currently in effect.

Your protected health information may be used and disclosed for the purposes of treatment, payment, healthcare operations and other limited circumstances. You have the following rights concerning your protected health information:

- You may request restriction on certain uses and disclosures.
- You may obtain a copy of your health records.
- You may request alternate methods of communications.
- You may request amendments.
- You may request and receive an account of disclosures.
- You may obtain a copy of this Notice.

## Privacy Practices

We are required by law to:

- Make sure the protected health information is kept private. Protected health information is information that identifies you and relates to your past, present, or future physical or mental health condition and related healthcare services.
- Provide you with this Notice of our legal duties and privacy practices relating to your protected health information. The Notice also describes your rights with respect to protected health information about you.
- Follow the terms of the Notice that is currently in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all protected health information we maintain. Upon request, we will provide the revised Notice to you.

## Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by the Health Plan as it relates to your care and treatment. Your protected health information may also be used and disclosed to obtain payment and services and to support the operation of the Health Plan.

- **Treatment:** We will use and disclose your protected health information to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. For example, a doctor prescribing a medication may need to know if you have diabetes or heart disease and what medications you are currently taking, as this might affect what he or she can prescribe. We also may use or disclose your protected health information to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will also maintain records related to the care and services provided to you.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive from healthcare providers may be billed by them to us and so that payment may be made by us to those providers, other insurance companies, or third parties. For example, we may receive information from your doctor about a surgery you received at a hospital in order to pay your doctor or reimburse you for the surgery. We may also talk to your doctor about a treatment he or she would like you to receive to grant prior approval or to determine whether we will cover the treatment.
- **Healthcare Operations:** We may use and disclose medical information about you for our healthcare operations. These uses and disclosures are necessary to administer the Health Plan and to make sure that all of the people covered by our plan receive quality care. We may also combine medical information about many people covered by the plan to decide what additional services the plan should cover, what services are not needed, and whether certain new treatments are effective. We remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery.
- **To Your Plan Sponsor:** We may disclose medical information about you to your plan sponsor if summary health information is requested to obtain premium bids or for modifying, amending, or terminating the Health Plan.
- **Communication with individuals involved in your care or payment for your care:** Using our best judgment, we may disclose to a family member, or other relative, clergy, or any other person you identify, protected health information relevant to that person's involvement in your care or payment related to your care.
- **Other Uses and Disclosures**

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- In some limited situations, the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. Not all of these situations will apply to us; some may never occur.
- As required by law: We must disclose protected health information about you when required to do so by law.
- Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
- Workers Compensation: We may disclose protected health information about you as authorized by law and as necessary to comply with laws relating to workers compensation or similar programs established by law.
- Public health: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- Law enforcement: We may disclose protected health information about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.
- To avert a serious threat to health or safety: We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Victims of abuse, neglect, or domestic violence: We may disclose your protected health information to public authorities, as allowed, to report suspected abuse, neglect, or domestic violence.
- Health oversight activities: We may disclose protected health information about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations and inspections, licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- Business Associates: There are some services provided for us through contracts with business associates. For example, we use third party administrators to process your medical claims. When we contract these services, we may disclose protected health information about you to our business associates so that they can perform the job we have ask them to do. To protect protected health information about you, we require all business associates to appropriately safeguard the protected health information.
- Judicial and administrative proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding, with your consent, or as directed by a court order signed by a judge or as allowed or required by law.
- Research: We may disclose protected health information about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- Coroners, medical examiners, and funeral directors: We may release protected health information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also disclose protected health information consistent with applicable law for funeral directors to carry out their duties.

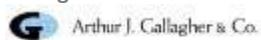
- Organ or tissue procurement organizations: Consistent with applicable law, we may disclose protected health information about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- Notification: We may use or disclose your protected health information to notify, or assist you in notifying a family member, personal representative, or another person responsible for your care, about your locations and you general condition.
- Correctional institution: If you are or become an inmate of a correctional institution, we may disclose protected health information to the institution or its agents when necessary for your health or the health and safety of others.
- Military and veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate military authority. In addition, we may release your protected health information to help determine eligibility for benefits by the Department of Veterans Affairs.
- National security, intelligence activities, and protective services for the President: We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, protective services to the President, and other national security activities authorized by law.

### **Your Health Information Rights**

You have the following rights regarding your protected health information:

- You may request a restriction on certain uses and disclosures of your protected health information.
- You have the right to request additional restrictions on our use or disclosure of your protected health information by sending a written request to our Privacy Officer. We are not required to agree to those restrictions. It is our policy not to grant any other restriction requests.
- You may inspect or obtain a copy of your protected health information.
- You have the right to inspect or obtain a paper or electronic copy of your protected health information that we maintain in a designated record set. The record may include enrollment, payment, claims adjudications, and case management records. You may make the request by contacting the City of Woodstock HR or by sending a written request to our Privacy Office. We may deny your request to inspect and copy in certain limited circumstances. Our policy is to personally deliver or send the requested records to the patient at the address on record for the patient. We may charge a reasonable fee for copies, postage, and supplies that are necessary to fulfill he request.
- You may request communications of protected health information by alternate methods.
- You have the right to request that we communicate confidential information to you by an alternate means. For example, you may request that we only contact you at work or by mail. You must state how or where you would like to be contacted. We will accommodate all reasonable requests that we may require to be in writing.
- You may request an amendment to your protected health information.
- You have the right to request that we change the records that we maintain about you if you feel that the information is incomplete or incorrect. You may make the request by contacting the City of Woodstock

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Human Resources Department. In certain circumstances, we may deny your request for amendment. All denials will be made in writing. If we deny your request, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

- You may request and receive an accounting of disclosures of your protected health information.
- You have the right to request an accounting of the disclosures we have made of your protected health information after April 14, 2003 for most purposes other than treatment, payment, and operations. Such accounting of disclosures also excludes disclosures made to you, your family or friends involved in your care, or other disclosures that you authorize. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, make the request by contacting the City of Woodstock Human Resources Department or send a written request to our Privacy Office.
- You may obtain a copy of this Notice.
- You may ask for a paper copy of this Notice at any time, and one will be provided for you. Copies may be obtained by contacting the City of Woodstock Human Resources Department.

### **Our Legal Duties**

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those listed in this Notice or as otherwise permitted or required by law. Most uses and disclosures of protected health information for marketing purposes or that constitute a sale of protected health information will require your written authorization. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing protected health information about you, except to the extent that we have already taken action in reliance on the authorization as required by law. We will notify you in the event of a breach of unsecured protected health information as defined by law.

### **For More Information or to Report a Problem**

If you have questions or would like additional information about our privacy practices, you may contact the City of Woodstock Human Resources Department. If you believe your privacy rights have been violated, you can file a complaint with our Privacy Office and/or with the Secretary of Health and Human Services. We will not retaliate for filing a complaint.

### **Contact the Human Resources Department:**

**By Phone: 770-592-6000**  
**In writing: Human Resources Department**  
**City of Woodstock**  
**12453 Hwy. 92**  
**Woodstock, GA 30188**

Effective Date:

This Notice is effective as of October 1, 2017

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## **Patient Protection Disclosure**

City of Woodstock's plans do not require the designation of a primary care provider. You have the right to obtain services from any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may go to a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of primary care providers, contact the plan administrator as indicated on the back of your medical ID card. You do not need prior authorization from your medical plan administrator 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, follow a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professional who specialize in obstetrics or gynecology, contact your plan administrator as indicated on the back of your medical ID card.

## **Children's Health Insurance Reauthorization Act**

Effective April 1, 2009, CHIPRA allows employees and dependents who are eligible for healthcare coverage under the group plan, but are not enrolled, to enroll in the plan if they lose eligibility for Medicaid or CHIP coverage or become eligible for a premium assistance subsidy under Medicaid or CHIP. Individuals must request coverage under the plan within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. 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 1-866-444-3272

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 coverage from City of Woodstock, your State may have a premium assistance program that can help pay for coverage.

- If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for the premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP, 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.

## **Wellness Program – Notice of Alternative Standard**

Your health 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 at The City of Woodstock 770-592-6000 ext. 1301 or [mnobis@woodstockga.gov](mailto:mnobis@woodstockga.gov) 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.

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## **Important Notice from City of Woodstock, Georgia Group Health Benefit Plan 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 City of Woodstock, Georgia Group Health Benefit Plan 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. City of Woodstock, Georgia Group Health Benefit Plan has determined that the prescription drug coverage offered by Southern Scripts 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.**

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### **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 15<sup>th</sup> to December 7<sup>th</sup>.

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 City of Woodstock, Georgia Group Health Benefit Plan coverage will not be affected.

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If you do decide to join a Medicare drug plan and drop your current City of Woodstock, Georgia Group Health Benefit Plan coverage, be aware that you and your dependents will not be able to get this coverage back.

## **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 City of Woodstock, GA Group Health Benefit Plan 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'll 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 City of Woodstock, Georgia Group Health Benefit Plan changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

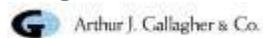
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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**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:	October 5, 2017
Name of Entity/Sender:	City of Woodstock, Georgia Group Health Benefit Plan
Contact--Position/Office:	City of Woodstock Human Resources Department
Address:	12453 Hwy. 92 Woodstock, GA 30188
Phone Number:	770-592-6000

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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’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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**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 August 10, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> <a href="#">x</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>

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<p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>  Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>  Phone 1-800-403-0864</p>
<p align="center"><b>COLORADO – Health First Colorado  (Colorado’s Medicaid Program) &amp;  Child Health Plan Plus (CHP+)</b></p>	<p align="center"><b>IOWA – Medicaid</b></p>
<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center:  1-800-221-3943/ State Relay 711  CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a>  CHP+ Customer Service: 1-800-359-1991/  State Relay 711</p>	<p>Website:  <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  Phone: 1-888-346-9562</p>