

# Important Information Regarding Your Health Insurance

## Distributed For the Plan Year

### MEDICAL PLAN CLAIMS ASSISTANCE

From time to time, you may have questions regarding your benefits or claims issues. Please contact Brown and Brown of Central Michigan. They have access to all of your benefit information and will be able to assist with any claim issues or questions.

Judy Robinson, Account Service Manager  
Brown and Brown of Central Michigan  
Toll Free (866) 421-0478  
Direct (989) 399-0465  
Fax (989) 607-2240  
[jrobinson@bbcmich.com](mailto:jrobinson@bbcmich.com)

Olga Roberson, Account Service Representative  
Brown & Brown of Central Michigan  
Toll Free (866) 421-0478  
Direct (989) 399-0455  
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Rebecca Castillo, Account Service Representative  
Brown & Brown of Central Michigan  
Toll Free (866) 421-0478  
Direct (989) 399-0460  
Fax (989) 607-9997  
[rcastillo@bbcmich.com](mailto:rcastillo@bbcmich.com)

### PREVENTIVE CARE

#### ***Medical***

Certain services, when billed as preventive, are covered at 100% due to the new Health Care Reform Law. Please note, the services must be billed as preventive, not diagnostic. You may also wish to contact your insurance carrier in advance of a medical procedure that you may undergo to determine what your benefit level is. In doing so, you will want to obtain the diagnosis and the billing code in advance that the Doctor's office or Hospital will use for payment of the service you will be provided. With the diagnosis and billing code, customer service should be able to tell you exactly how the service will be covered.

Items on the Preventive Care Guidelines are covered with \$0 copay can be found at:

<http://www.bcbsm.com/content/dam/public/Consumer/Documents/help/faqs/preventive-care-brochure.pdf>

#### ***Pharmaceutical***

Certain preventive care prescription drugs are covered 100%.

A complete list of covered prescription drugs can be found at:

<http://www.bcbsm.com/content/dam/public/Consumer/Documents/help/documents-forms/pharmacy/preventive-drug-list.pdf>

### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer health plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information.

### **LIFETIME LIMIT NO LONGER APPLIES AND ENROLLMENT OPPORTUNITY**

The lifetime limit on the dollar value of benefits under our plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment.

For more information contact \_\_\_\_\_ at \_\_\_\_\_.

### **WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998**

"Janet's Law" requires health care benefit plans to provide certain coverage following a mastectomy. As part of this coverage, plans must also cover procedures necessary to effect reconstruction of the breast on which the mastectomy and surgery to achieve a symmetrical appearance, as well as the cost of prostheses (implants, special bras, etc.) Coverage is also provided for physical complications of all stages of mastectomy, including lymphedemas, as recommended by the attending physician of any patient receiving plan benefits in connection with the mastectomy. This coverage is subject to the same deductibles and co-insurance that apply to mastectomies under current terms.

### **OPPORTUNITY TO ENROLL IN CONNECTION WITH EXTENSION OF DEPENDENT COVERAGE TO AGE 26**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in our plan. Enrollment will be effective \_\_\_\_\_.

For more information contact \_\_\_\_\_ at \_\_\_\_\_.

### **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. To request special enrollment or obtain more information, contact \_\_\_\_\_ at \_\_\_\_\_.

### **NEWBORNS' ACT DISCLOSURE NOTICE**

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).

### **GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

### **MICHELLE'S LAW**

Michelle's Law is an act that requires health plans to allow college students who take a leave of absence or reduce their class load because of illness to retain their dependent status under their parents' health plan for up to one year. Students' eligibility for dependent coverage will continue for one year (unless the student would otherwise lose eligibility within the year). To qualify for protection under Michelle's Law, the following requirements must be met: the student must be enrolled as a full-time student immediately before the leave of absence or scheduled reduction, the student must have written certification from a treating physician that the leave of absence or reduced schedule is necessary due to a severe illness or injury, and the leave or reduced schedule must have triggered the loss of student status under the health plan. If the plan sponsor changes group health plans during a medically necessary leave and the new health plan offers coverage of dependent children, the new plan will be subject to the same rules.

### **TELL US WHEN YOU'RE MEDICARE ELIGIBLE**

Please notify Human Resources when you or your dependents become eligible for Medicare. You will need to provide Human Resources with a copy of your Medicare card. We are required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pays primary. You must also contact Medicare directly to notify them that you have health care coverage through an employer group. Privacy laws prohibit anyone other than the Medicare beneficiary, or their legal guardian, to update or change Medicare records. The toll free number to contact Medicare Coordination of Benefits Contractor is 1-800-999-1118.

### **NONDISCRIMINATION NOTICE**

**GROUP NAME** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **GROUP NAME** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **GROUP NAME:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **CONTACT NAME** at **PHONE NUMBER**. If you believe that **GROUP NAME** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **CONTACT NAME** at **PHONE NUMBER** or by email at **EMAIL ADDRESS**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## 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 July 31, 2022. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>  Phone: 1-855-692-5447	Website:  Health Insurance Premium Payment (HIPP) Program  <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a>  Phone: 916-445-8322  Fax: 916-440-5676  Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s

<p>The AK Health Insurance Premium Payment Program</p> <p>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a></p> <p>Phone: 1-866-251-4861</p> <p>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></p> <p>Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>	<p><b>Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></p> <p>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</p> <p>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a></p> <p>CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a></p> <p>HIBI Customer Service: 1-855-692-6442</p>
<p><b>ARKANSAS – Medicaid</b></p>	<p><b>FLORIDA – Medicaid</b></p>
<p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a></p> <p>Phone: 1-877-357-3268</p>
<p><b>GEORGIA – Medicaid</b></p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p>Phone: (678) 564-1162, Press 2</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: (617) 886-8102</p>
<p><b>INDIANA – Medicaid</b></p>	<p><b>MINNESOTA – Medicaid</b></p>
<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone 1-800-457-4584</p>	<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p>Phone: 1-800-657-3739</p>

IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563</p> <p>HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p>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>
KANSAS – Medicaid	MONTANA – Medicaid
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>
KENTUCKY – Medicaid	NEBRASKA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a></p> <p>KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>

LOUISIANA – Medicaid	NEVADA – Medicaid
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: -800-977-6740.</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></p> <p>Phone: 1-888-828-0059</p>
NEW YORK – Medicaid	TEXAS – Medicaid
<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>	<p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a></p> <p>Phone: 1-800-440-0493</p>
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></p> <p>Phone: 919-855-4100</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></p> <p>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a></p> <p>Phone: 1-877-543-7669</p>



NORTH DAKOTA – Medicaid	VERMONT– Medicaid
<p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></p> <p>Phone: 1-844-854-4825</p>	<p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></p> <p>Phone: 1-800-250-8427</p>
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>	<p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a></p> <p>Medicaid Phone: 1-800-432-5924</p> <p>CHIP Phone: 1-800-432-5924</p>
OREGON – Medicaid	WASHINGTON – Medicaid
<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a></p> <p>Phone: 1-800-699-9075</p>	<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></p> <p>Phone: 1-800-562-3022</p>
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a></p> <p>Phone: 1-800-692-7462</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a></p> <p>Medicaid Phone: 304-558-1700</p> <p>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></p> <p>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></p> <p>Phone: 1-800-362-3002</p>
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></p> <p>Phone: 1-888-549-0820</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a></p> <p>Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 1, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
ServicesEmployee Benefits Security Administration  
Services [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human  
Centers for Medicare & Medicaid  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

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

FOR ADDITIONAL INFORMATION PLEASE CONTACT \_\_\_\_\_ at \_\_\_\_\_