<u>Riverside Board of Education</u>

<u>Important Notices</u>

Loss of Other Coverage- Notice of Your HIPAA Special Enrollment Rights

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after your other coverage ends or after the employer stops contributing towards the other coverage. For more information, please refer to the document located in the Document Library of your group's BenePortal site.

Medicaid and the Children's Health Insurance Programs (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 on the notice 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 **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.

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.**

Health Insurance Marketplace Notice

Under the new Federal Healthcare Reform law, individuals will be able to purchase health insurance through the new Health Insurance Marketplace. Open Enrollment for coverage through the Marketplace will began on October 2013 and coverage became effective as early as January 1, 2014.

The notice below provides some general information regarding the Marketplace. It also provides important information about the Mount Laurel Township Board of Education group health plan, including who is eligible to enroll in our plan. If you decide to purchase insurance through the Marketplace, you will need the information in this notice.

If you are already covered through our group health plan or if you are eligible for our group coverage:

Please note that the current health benefits offered by Mount Laurel Township Board of Education meets the minimum value standard as established by the Affordable Care Act and the coverage meets the requirements to be affordable. Therefore if you purchase coverage through the Marketplace, you may not be eligible for a tax credit through the Marketplace and you may lose any Employer contribution you currently receive.

The Board will continue to offer all current health benefit options to eligible employees. No changes are being made to your current health benefits.

If you are not eligible for coverage through the School Board:

If you are not eligible for coverage through the school and you need coverage, the Marketplace may provide some affordable options for you. If you are interested in seeing what your options are, please visit **HealthCare.gov** for further information.

The Newborns and Mothers Health Protection Act

Federal law generally prohibits restricting benefits for hospital lengths of stay to less than 48 hours following a vaginal delivery and less than 96 hours following a caesarean section. However, the plan may pay for a shorter stay if the attending provider (physician, nurse midwife or physician assistant) discharges the mother or newborn earlier, after consulting with the mother.

Also, federal law states that plan benefits may not, for the purpose of benefits or out-of-pocket costs, treat the later portion of a hospital stay in a manner less favorable to the mother or newborn than any earlier portion of the stay.

Finally, federal law states that a plan may not require a physician or other health care provider to obtain authorization of a length of stay up to 48 hours or 96 hours, as described above. However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification.

The Womens Health and Cancer Rights Act

In accordance with the Women's Health and Cancer Rights Act, this Plan covers the follow procedures for a person receiving benefits for an appropriate mastectomy:

- Reconstruction of the breast on which a mastectomy has been performed;
- Surgery and reconstruction of the other breast to create a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For

answers to questions about the plan's coverage of mastectomies and reconstructive surgery, call AmeriHealth's Member Services at the phone number shown on your member identification card.

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985)

If you lose your job, employers subject to COBRA must offer you and any family members covered by your group health plan (qualified beneficiaries) the opportunity to purchase the insurance coverage.

New Jersey Chapter 375 – Dependent Coverage to Age 31

The State of New Jersey has enacted legislation that extends eligibility for medical and prescription drug coverage for certain dependents. Under this regulation, your dependent may be eligible to maintain coverage under your benefit plan to their 31st birthday. Your dependent may be eligible for these extended benefits (called "Chapter 375 Dependent" benefits).

Notice of Creditable Coverage

The Medicare Modernization Act (MMA) requires entities (whose policies include prescription drug coverage) to notify Medicare eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Accordingly, this information is essential to an individual's decision whether to enroll in a Medicare.