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Medicare Part D Notice

Important Notice from Grant County PUD 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 Grant County PUD 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. Grant County PUD has determined that the prescription drug coverage offered by the Grant County PUD Employee Healthcare 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 to 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 Grant County PUD coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Grant County PUD Employee Healthcare Plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Grant County PUD prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

You should also know that if you drop or lose your current coverage with Grant County PUD 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 Grant County PUD 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 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 800-MEDICARE (800-633-4227). TTY users should call 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 socialsecurity.gov, or call them at 800-772-1213 (TTY 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:	October 2019
Name of Entity/Sender:	Grant County PUD
Contact-Position/Office:	Annette Hernandez
Address:	30 C Street SW Ephrata, WA 98823
Phone Number:	509.793.1504

Women's Health and Cancer Rights Act

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 and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$1,100 deductible and 80% coinsurance (in-network) for the CDHP plan, and \$500 deductible and 80% coinsurance (in-network) for the PPO plan. If you would like more information on WHCRA benefits, please refer to the Summary Plan Description.

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 Special Enrollment Rights

If you decline enrollment in Grant County PUD Employee Healthcare Plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Grant County PUD Employee Healthcare Plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Grant County PUD Employee Healthcare Plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

Notice Regarding CWPU UIP Wellness Program

The CWPU UIP Wellness Program is a voluntary wellness program available to all employees. 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 CWPU UIP Wellness Program, you will be asked to complete a biometric screening, which will include a blood test for Cholesterol/Lipids (HDL and LDL) and Blood Glucose/Blood Sugar. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the CWPU UIP Wellness Program will receive an incentive of \$150/month deposited into their HRA/VEBA account from January 1, 2020 through December 31, 2020. Although you are not required to participate in the CWPU UIP Wellness Program, only employees who do so will receive the monthly \$150 wellness incentive deposited into their HRA VEBA account.

If you are unable to participate in any of the health-related activities 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 your Human Resources Department.

The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. 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 CWPU UIP Wellness Program may use aggregate information it collects to design a program based on identified health risks in the workplace, your personal information will never be disclosed 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 CWPU UIP Wellness Program will not be provided to your employer and will 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 CWPU UIP 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 CWPU UIP Wellness Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the CWPU UIP Wellness Program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health care professionals in order to provide you with services under the CWPU UIP Wellness Program.

In addition, all medical information which may be obtained through the CWPU UIP Wellness Program will not identify the individual participants and therefore, will not be maintained in your personnel records. 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 CWPU UIP 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 will 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 your 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)**.

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, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	
Website: http://myalhipp.com/	Phone: 1-855-692-5447
ALASKA – Medicaid	
The AK Health Insurance Premium Payment Program	
Website: http://myakhipp.com/	
Phone: 1-866-251-4861	
Email: CustomerService@MyAKHIPP.com	
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	
ARKANSAS – Medicaid	
Website: http://myarhipp.com/	Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	
Health First Colorado Website: https://www.healthfirstcolorado.com/	
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711	
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus	
CHP+ Customer Service: 1-800-359-1991/ State Relay 711	
FLORIDA – Medicaid	
Website: http://flmedicaidtprecovery.com/hipp/	Phone: 1-877-357-3268
GEORGIA – Medicaid	
Website: Medicaid https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	
Phone: 678-564-1162 ext. 2131	
INDIANA – Medicaid	
Healthy Indiana Plan for low-income adults 19-64	
Website: http://www.in.gov/fssa/hip/	Phone: 1-877-438-4479
All other Medicaid	
Website: http://www.indianamedicaid.com	Phone 1-800-403-0864
IOWA – Medicaid	
Website: http://dhs.iowa.gov/hawki	Phone: 1-800-257-8563
KANSAS – Medicaid	

Website: http://www.kdheks.gov/hcf/	Phone: 1-785-296-3512
KENTUCKY – Medicaid	
Website: https://chfs.ky.gov	Phone: 1-800-635-2570
LOUISIANA – Medicaid	
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	Phone: 1-888-695-2447
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html	
Phone: 1-800-442-6003	TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/	
Phone: 1-800-862-4840	
MINNESOTA – Medicaid	
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp	
Phone: 1-800-657-3739	
MISSOURI – Medicaid	
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	
Phone: 573-751-2005	
MONTANA – Medicaid	
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	
Phone: 1-800-694-3084	
NEBRASKA – Medicaid	
Website: http://www.ACCESSNebraska.ne.gov	Phone: (855) 632-7633
Lincoln: (402) 473-7000	Omaha: (402) 595-1178
NEVADA – Medicaid	
Medicaid Website: http://dhcnp.nv.gov	Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	
Website: https://www.dhhs.nh.gov/oii/hipp.htm	Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 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: https://www.health.ny.gov/health_care/medicaid/	
Phone: 1-800-541-2831	
NORTH CAROLINA – Medicaid	
Website: https://dma.ncdhhs.gov/	Phone: 919-855-4100
NORTH DAKOTA – Medicaid	
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/	
Phone: 1-844-854-4825	
OKLAHOMA – Medicaid and CHIP	
Website: http://www.insureoklahoma.org	Phone: 1-888-365-3742
OREGON – Medicaid and CHIP	
Website: http://healthcare.oregon.gov/Pages/index.aspx	
http://www.oregonhealthcare.gov/index-es.html	
Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid	
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm	
Phone: 1-800-692-7462	
RHODE ISLAND – Medicaid and CHIP	
Website: http://www.eohhs.ri.gov/	
Phone: 855-697-4347 or 401-462-0311 (Direct Rite Share Line)	
SOUTH CAROLINA – Medicaid	
Website: https://www.scdhhs.gov	Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	

Website: http://dss.sd.gov	Phone: 1-888-828-0059
TEXAS – Medicaid	
Website: http://gethipptexas.com/	Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	
Medicaid Website: https://medicaid.utah.gov/	
CHIP Website: http://health.utah.gov/chip	
Phone: 1-877-543-7669	
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	Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm	Phone: 1-855-242-8282
WEST VIRGINIA – Medicaid	
Website: http://mywvhipp.com/	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WASHINGTON – Medicaid	
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program	
Phone: 1-800-562-3022 ext. 15473	
WISCONSIN – Medicaid and CHIP	
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	
Phone: 1-800-362-3002	
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/	
Phone: 307-777-7531	

To see if any other states have added a premium assistance program since July 31, 2019, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)