Northwest Fire Fighters

NWFF

Benefits Trust

Bothell Fire Fighters

Benefits Enrollment Guide

Plan Year | 2020

2020 BENEFIT OPEN ENROLLMENT PREVIEW

The Leadership of the Northwest Fire Fighters Benefits Trust are committed to providing our members valued, comprehensive, sustainable and affordable health plans that are here for all of us and our families. The move to create our own Trust is intended to give us the kind of control to assure that we can fulfill that commitment.

2020 Open Enrollment Highlights

⇒ **All Open Enrollment changes must be received by the Trust Office no later than November 22nd, 2019**

⇒ ***Important* Changes to your Trust Vision plan**

The Trust will move from the Regence/VSP vision product onto a direct contract with VSP. There are no changes to your current vision benefits, however you will no longer use your Regence Member ID Card to access Trust Vision benefits. Simply inform your vision provider that you are a VSP member.

⇒ **Non-HSA plans Only: Beginning in 2020, Outpatient Rehabilitation services will no longer be subject to your plan's deductible. The applicable coinsurance or copay will still apply.**

Please keep a copy of this Guide which includes important benefit and eligibility information for the 2020 Plan Year. If you have any questions about this year's open enrollment or need additional help understanding your benefits, please see the "Helpful Contact Information" section in the back of this Guide for a detailed listing of contacts should you need any assistance.

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2020 OPEN ENROLLMENT CHECKLIST

Please follow the steps below to complete your 2020 Open Enrollment

Open Enrollment for NWFFT runs through November 22nd, 2019. This is your annual opportunity to make changes to your plan selection and/or covered dependents. The selections you make will be effective on January 1, 2020 through December 31, 2020. Unless you have a ***Qualified Change in Status***, you cannot make changes to the benefits you elect until the next Open Enrollment period.

Examples of a *Qualified Changes in Status* include:

⇒ Marriage, divorce or legal separation

⇒ Birth or adoption of a child

⇒ Loss of your dependent's coverage under another plan

Should you wish to make a mid-year enrollment change due to a *Qualified Change in Status*, you must complete and submit an Enrollment Form to the Trust Office within 30 days of the qualifying event.

Existing Employees

You only need to complete an enrollment form if you are making changes to covered dependents, your plan selections or personal information.

If you do not wish to make any of the above changes, then you will be enrolled in the same coverage you currently have for 2020 with the same covered dependents. You **do not** need to complete a new Enrollment Form.

New Employees

New Employees must complete an Enrollment Form in order to be enrolled in Medical / Rx / Dental / Vision coverage

Submit your Enrollment Form by:

- **Mail / Drop off to:**

  City of Bothell
  Attn: Ann Bouzigard
  18308 101st Ave NE
  Bothell, WA 98011
- **Email it to**: ann.bouzigard@bothellwa.gov
- **Fax it to:** 1-425-806-6129

ELIGIBILITY

ELIGIBLE EMPLOYEES

- Full-time active members of a Participating Employer,
- Regularly scheduled to work a minimum of 20 hours per week for the Participating Employer,
- Satisfied any probationary period established by the Participating Employer, but no more than 90 days,
- 100% participation of eligible members, unless covered by another group plan.

ELIGIBLE DEPENDENTS

- Your legal spouse (or domestic partner, Employer Eligibility Guidelines)
- Your Surviving Spouse if you were participating in the plan at time of death *(not divorced, spouse-paid)*
- Your natural, adopted legally placed, or spouse's natural children up to age 26
- Overage dependents who are incapable of self-support because of a physical or mental disability

Please call the Trust Office with any questions regarding eligibility for yourself and/or your dependents at 1-866-265-5231 or ***NWFFT@vimly.com****.*

See Summary Plan Description for a full listing of eligible dependents.

MEDICAL BENEFITS OVERVIEW

The Northwest Fire Fighters Benefits Trust offers you a comprehensive medical plan administered by Regence BlueShield. When you are outside of the Regence service area, your network is the National Blue Card PPO Network.

REGENCE BLUESHIELD PROVIDERS

Category 1/Preferred Providers: When you choose a Regence Preferred Provider, you are seeing a Category 1 Provider, meaning that you save the most in your out-of-pocket expenses. Choosing a Preferred provider also means you will not be billed for balances beyond deductible, copayment and/or coinsurance for covered services.

Category 2/Participating Providers: When you choose to see a Participating Provider, you are seeing a Category 2 Provider. Your out-of-pocket expenses will generally be higher than if you choose a Preferred Provider. In addition to your cost-share being greater on most services, Regence BlueShield may also negotiate less favorable discounts than with Preferred Providers that will result in higher out-of-pocket amounts to you. Choosing a Participating Provider still means you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services.

Category 3/Non-Participating Providers: These are “Non-Network” providers who do not have a contract with Regence BlueShield. Seeing “Non-Network” providers means that your out-of-pocket costs will generally be higher than when you’re seeing an “In-Network” provider. Not only is your cost-share greater with a “Non-Network” provider, but those providers may also bill you for any balances beyond the deductible, copayment, and/or coinsurance, sometimes referred to as “balance billing”.

Be sure to take advantage of the tools available on both **www.regence.com**, as well as on the new **Regence Mobile App**!

Both tools give you easy, secure access to:

- Explanation of Benefits (EOB’s) - a handy way to substantiate your HRA / VEBA claims
- Mobile ID Card (you can also print a temporary card out on the online portal)
- Estimate Treatment Costs
- See how much of your deductible / out-of-pocket maximum you’ve satisfied

Download the Regence Mobile App on your smart phone today!

MEDICAL BENEFITS OVERVIEW

Medical Benefits	NWFFT - Plan $1500 Regence BlueShield		
	Category 1 Preferred Provider	Category 2 Participating Provider (Non-Preferred)	Category 3 Non-Participating Provider
Deductible	$1,500 per Member / $3,000 per Family (2x the member amount)		
Coinsurance	Plan pays 80% / Member pays 20% of Allowed Amount	Plan pays 60% / Member pays 40% of Allowed Amount	Plan pays 60% / Member pays 40% of Allowed Amount *You may be subject to balance of billed charges when seeing Category 3 providers*
Calendar Year Out-of-Pocket Maximum	$2,000 per Member / $4,000 per Family (2x the member amount)		
Office Visit Copay (Upfront Benefit)	$20 Copay		40% after Deductible
Outpatient Lab & Radiology Services	Covered in Full	40% after Deductible	40% after Deductible
Professional Services	20% after Deductible	40% after Deductible	40% after Deductible
Outpatient Surgery	20% after Deductible *(10% after Deductible for Ambulatory Surgical Centers)*	40% after Deductible	40% after Deductible
Inpatient Hospital	20% after Deductible	40% after Deductible	40% after Deductible
Preventive Care	Covered in Full		40% after Deductible
Acupuncture/Spinal Manipulation 24 visits PCY (for each)	20% Deductible Waived	40% Deductible Waived	40% Deductible Waived
Emergency Room	$100 Copay; then 20% after Deductible (Copay is waived if admitted to hospital)		
Ambulance Services	20% after Deductible		
Mental Health /Substance Abuse Inpatient Outpatient	20% after Deductible $20 Copay		40% after Deductible
Rehabilitation Services (Inpatient) 30 days PCY	20% after Deductible	40% after Deductible	40% after Deductible
Rehabilitation Services (Outpatient) 40 visits PCY *Massage Therapy included here*	20% Deductible Waived	40% Deductible Waived	40% Deductible Waived

This benefit comparison is only a summary of the benefits and not intended to replace the specifics of the Plan Contract. If there is a discrepancy, the Plan Contract will supersede this summary.

REGENCE TREATMENT COST ESTIMATOR

Regence

AN ONLINE TOOL AT WWW.REGENCE.COM

If you're considering a treatment or procedure and you'd like to know more about it's cost, use Regence's Treatment Cost Estimator. You can look up average out-of-pocket estimates based on real claims data, for common medical conditions, surgeries, routine exams and more.

It's vitally important that we become good consumers of our healthcare and take care of our plan since our utilization today directly impacts our costs in the future for retiree healthcare.

The Treatment Cost Estimator can help you find and compare treatment options, facilities and providers. It is designed to help you confidently manage your health care budget to avoid surprises and see how the decisions you and your doctor make can help save you money.

You also get a clear view of what to expect during your treatment, including time involved. Best of all, the estimated costs are based off your benefits and where you are in meeting your deductible and annual out-of-pocket maximum.

You'll find helpful tips on selecting the right place of service. Once you have the information you need, you can find top-rated medical facilities and talk with your provider about the best treatment for you.

Register today at **www.regence.com**.

MD LIVE TELEHEALTH / VIRTUAL CARE

MDLIVE
Virtual Care, Anywhere.

With MDLive, you can access a doctor from your home, office, or on the go – 24/7/365! MDLive's Board Certified doctors can visit with you either by phone or secure video to help treat non-emergency medical conditions. MDLive doctors can diagnose your symptoms, prescribe medication and send prescriptions to your pharmacy of choice, subject to state law and regulations.

MDLive is available 24 hours a day, 7 days a week, 365 days a year!

Visit the MDLive / Regence web portal to sign up today!

www.MDLive.com/regence-wa

1-800-725-3097

Click "Activate Now" and follow the online instructions for account set-up.

To request a consult, log into your account or Mobile App and click "Request a Consult" or simply call MDLive!

What are the most common conditions MDLive can treat?

- Allergies
- Cough/Fever/Flu
- Headache
- Respiratory Problems
- Sore Throat
- Sinus Infection
- Nausea/Vomiting
- Women's Issues
- Insect Bites
- Pink Eye/Rash
- Depression/Anxiety
- Bipolar Disorder
- Stress
- Addictions

How much does MDLive cost?

Absolutely nothing! Under the NWFFT, your Office Visit Copay is waived when you use MDLive. Same goes for your spouse and covered dependents Just make sure you register at the MDLive/ Regence portal though using your Regence Member ID: **www.MDLive.com/regence-wa**

Does MDLive replace my Primary Care Provider?

No. MDLive does not replace your family doctor or primary care provider. MDLive is merely a safe, affordable and convenient way to receive treatment in a non-emergent situation and is an alternative to urgent care and emergency room visits in many situations.

How quickly can a consult be scheduled?

Normal turnaround time is within 15 minutes of your request.

How do I pay for prescriptions called in by MDLive?

The same way you pay for any of your other prescriptions. Show your pharmacist your Regence Member ID, which includes your Sav-Rx Prescription Services Bin Number and benefit information.

PRESCRIPTION DRUG BENEFITS

NWFFT Pharmacy Benefits are offered through Sav-Rx Prescription Services. The Sav-Rx Network consists of over 65,000 pharmacies nationwide and is accepted by all major chain pharmacies and most independents ones.

Your prescription drug benefit information can be found on your Regence BlueShield ID Card. You should present this card at your pharmacy when trying to fill a prescription.

If you have any questions about your prescription drug benefits, including questions about Mail Order, Formulary and Prior Authorizations, you can reach Sav-Rx 24 hours a day, 7 days a week at 1-800-228-3108. **Note: Specialty Medications must be filled at Sav-Rx Specialty Pharmacy**.

NWFFT Prescription Drug Benefits	
Preventive Medications	Covered at 100% *Per Affordable Care Act (ACA) Guidelines; contact Sav-Rx for more information*
Retail Prescription Drug Copays	
Generic Medications	$5 Copay
Formulary Brand Name Medications	$25 Copay
Non-Formulary Brand Name Medications	$50 Copay
Sav-Rx Mail Order Prescription Drug Copays - 90-day Supply	
Generic Medications	$10 Copay
Formulary Brand Name Medications	$50 Copay
Non-Formulary Brand Name Medications	$100 Copay
Specialty Medications	Applicable Copay applies; 30-day supply only **Must be filled via Sav-Rx Specialty Mail Order Pharmacy**

Generic vs. Brand Medication

Generic drugs have been approved by the Food and Drug Administration (FDA) as safe and effective alternatives to their brand name counterparts. Generic drugs contain the same active ingredients in the same amounts as the brand name product. The generic version works just like a brand in dosage, strength, performance and use. Generics may differ in color, shape, size or flavor from the brand product; however these differences do not effect the performance, safety or effectiveness of the generic drug.

If you choose to take a brand name drug over an exact generic equivalent, you will be responsible for the applicable plan copay, plus the difference in drug cost.

Formulary vs. Non-Formulary Brand Name Medication

A formulary is a list of preferred products. The formulary considers treatment options on a therapeutic basis first, then based upon cost effectiveness.

Generic medications, when they are available and considered equivalent to their brand counterpart, are always preferred over brand name products. When similar brand name medications are available to treat a condition, the formulary helps physicians and patients consider treatment options in order of cost effectiveness.

VSP VISION BENEFITS

NEW IN 2020: TRUST VISION BENEFIT ARE ADMINISTERED BY VSP!

Beginning in 2020, your vision benefits will no longer be accessed using your Regence Medical Plan. The Trust will move to a direct VSP contract. All you need to do it simply tell your provider that you are a VSP member!

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	$0	Every Calendar Year
Prescription Glasses		$0	See Frame & Lenses
Frame	• $400 allowance for a wide selection of frames • 20% savings on the amount over your allowance •$220 allowance at Walmart & Costco		Every Other Calendar Year
Lenses	• Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children		Every Other Calendar Year
Lens Enhancements	• Standard progessive lenses •Premium progressive lenses •Custom progressive lenses • Average savings of 20-25% on other lens enhancements	$0 $95-105 $150-175	Every Other Calendar Year
Contact Lenses (instead of glasses)	• $400 allowance for contact lenses • Contact Lens Exam (fitting & evaluation)	$0	Every Other Calendar Year
Additional Pair of Eyewear			
Frame	• $200 allowance for a wide selection of frames • 20% savings on the amount over your allowance •$110 allowance at Walmart & Costco	$0	Every Other Calendar Year
Lenses	• Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children	$0	Every Other Calendar Year
Contact Lenses (instead of glasses)	• $200 allowance for contact lenses • Contact Lens Exam (fitting & evaluation)	$0	Every Other Calendar Year
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details	$20	As needed

Find In-Network Providers at:
www.vsp.com.

HEARING BENEFITS

All NWFFT plans include access to a hearing exam and hardware benefit through EPIC Hearing Healthcare. The Hearing Service Plan is the nation's first specialty care plan devoted to the vital sense of hearing. EPIC is dedicated to delivering the highest quality of care at the best value to their members.

The EPIC network is comprised of professional Audiologists and ENT physicians and represents the largest accredited network of its kind in the nation, with provider locations across all 50 states.

The EPIC Hearing Service Plan gives you access to all name brand hearing aid technology by the top tier hearing aid manufacturers at reduced prices, 30-60% below MSRP; maximizing value and savings. Brands like: Phonak, Unitron, Lyric, GN Resound, Starkey, Siemens, Oticon and Widex.

Level of Technolo-	Degree of Hear-	Typical MSRP	EPIC Pricing
Basic	Mild to Moderate	$1,400- $1,600	$495
Standard	Moderate	$1,601- $2,300	$849- $1,499
Advanced	Moderate to Severe	$2,301- $3,000	$1,500- 2,099
Premium	Moderate to Severe	$3,001- $4,000	$2,100- $2,500

Benefits	NWFFT Hearing Benefits
Hearing Exam	Covered in Full Every 12 months
Hearing Hardware	$500 per ear Every 5 years

This benefit will buy a basic level hearing aid per each ear. Should you wish to buy-up, you will still have access to the EPIC hearing discounts. You can also earn up to $400 ($200/ear) in Wellness Reward Coupons for completing various wellness activities at **www.listenhearlivewell.com**.

To access your hearing benefits, please contact EPIC Hearing directly at 1-866-956-5400. A Hearing Counselor will help you locate a provider in your area and answer any questions you may have about the plan.

There will be no out-of-network Hearing Benefits available.

BRIDGEHEALTH PLANNED SURGERY BENEFITS

BridgeHealth™

The NWFFT health plan expands your options with the BridgeHealth surgery program at no additional cost to you. BridgeHealth saves you money and gives you access to top-rated hospitals, surgery centers and doctors for planned non-emergent procedures. Your BridgeHealth benefits are *optional* to use and are completely separate from your Regence medical plan.

	PPO PLANS	HSA-QUALIFIED HIGH DEDUCTIBLE PLANS
YOU PAY	$0 ***No Deductible*** ***No Coinsurance***	$0 ***After you meet your Deductible***
PAID TRAVEL EXPENSES	Airfare, lodging and meal allowance for patient and a companion when traveling over 100 miles	
YOU RECEIVE	Care Allowance up to $1,500 when you choose a BridgeHealth provider	

Most Common Covered Procedures

- **Cardiac.** Coronary artery bypass, graft, valve repair and replacement
- **General.** Gall bladder removal, hernia repair
- **Orthopedic.** ACL repair, hip and knee replacement, shoulder repair and replacement
- **Spine.** Spinal fusion, artificial disc replacement
- **Women's Health**. Hysterectomy

Emergency, vision, dental and diagnostic procedures are not available through BridgeHealth. Some pediatric procedures are not available for children under 12.

Considering Surgery? **CALL TO LEARN ABOUT YOUR OPTIONS.**

Call: (844) 249-8108

Email: **alaskacoalition@bridgehealth.com**

Register: **www.BridgeHealth.com** (Use Company Code: AKFF2)

Contact DiMartino Associates with any questions or concerns at (206) 623-2430!

INSURANCE TERMINOLOGY 101

ALLOWED AMOUNT

For In-Network Providers, this is the amount that they have contractually agreed to accept as payment in full for a covered service. For Non-Network Providers, this is the amount that Regence has determined to be reasonable charges for the covered service. Amounts in excess of the "Allowed Amount" are not considered a covered service and do not count toward your Out-of-Pocket Maximum. While the plan does not consider charges in excess of the Allowed Amount to be covered services, a Non-Network Provider can bill you directly for these charges.

DEDUCTIBLE

The amount you pay for covered health services before your insurance plan starts to pay. Once your deductible is met, that's when your coinsurance kicks in. For example, if your plan has a $1,500 Individual Deductible, you will pay the full Allowed Amount out-of-pocket until you spend $1,500. Once you've met your deductible, your In-Network coinsurance is 20% of the Allowed Amount. Once two family members spend $1,500 each, the entire Family Deductible has been met. The Deductible resets every January.

COINSURANCE

Once you have satisfied any applicable Deductible, the plan pays a percentage of the Allowed Amount. If the plan pays 80% after Deductible, that means you pay the other 20%, until you hit your Out-of-Pocket Maximum.

COPAY

Copays are fixed dollar amounts that you pay directly to the provider. For example, Office Visit Copays, Emergency Room Copay and Prescription Drug Copays.

OUT-OF-POCKET MAXIMUM

This is the most you can spend out-of-pocket in a plan year for covered services. Once you've hit your plan's Out-of-Pocket Maximum, the plan pays 100% of covered services for the remainder of the plan year. Included in the Out-of-Pocket Maximum: Deductible, Copays (including Rx Copays) and Coinsurance. The Out-of-Pocket Maximum resets ever January. **Note**: Balance Billed charged from Non-Network providers are not considered covered services, therefore do not count toward the Out-of-Pocket Maximum.

FREQUENTLY ASKED QUESTIONS

1. Who do I call with eligibility or other non-benefit questions?
You may call the NWFFT Trust Office; toll-free at 1-866-265-5231.You can also visit the NWFFT Trust Website at **http://NWFFT.Simon365.com.**

2. How do I sign up for the Regence online portal?
Regence.com is a complete source of health and wellness information that can help you navigate the healthcare system. You can review your claims and details about your coverage, find a doctor or specialist, get treatment cost estimates, and create a secure, confidential personal health record. Simply go to **www.regence.com** and follow the prompts to enroll as a new user. You will need your Group # and Member ID # which can be found on your Regence ID card.

3. How do I find a preferred provider?
1. Go to **www.regence.com** and select "Find a Provider" at the top right corner of the web page.
2. Type in your zip code (Optional: You may also type in a specific provider/clinic name and/or specialty).
3. Use the menu on the left to narrow the search to specific networks and specialties. To save the most out of pocket, use the **Preferred Plan Provider Network** of providers. *You may also contact the Trust Office to receive a list of providers in your area.*

4. How do I get care out of the area?
Through the **BlueCross BlueShield Global Core** program, you have access to doctors and hospitals in more than 200 countries and territories worldwide. For information on receiving care while travelling abroad, please contact Regence BlueShield Customer Service at 1-888-370-6156.
*For providers in Eastern Washington and anywhere outside Washington, Idaho Oregon and Utah, look for **National BlueCard PPO** providers to get Category 1/Preferred benefits.

5. How can I order additional ID Cards?
You may order additional ID cards on **www.regence.com**, by calling Regence BlueShield customer service, or by calling the Trust Office and placing a request. ID cards may also be printed using the Regence online portal.

6. **Who do I call for help with my prescription drug benefits?**
Sav-Rx Prescription Services is your Pharmacy Benefit Manager. Sav-Rx has live staff available 24 hours a day, 7 days a week to answer questions and address concerns. Please don't hesitate to contact them regarding your prescription drug coverage. Their contact information can be found on the last page of this Guide.
Sav-Rx can assist you with:
- Setting up a Mail Order prescription with Sav-Rx Mail Order Pharmacy
- Setting up a Specialty Pharmacy medication
- Questions regarding step therapy and drug prior authorizations
- Questions regarding drug exclusions and quantity limitations
- Working with your provider to find the right drug in regard to both clinical and cost effectiveness

Sav-Rx is available 24 hours a day, 7 days a week, 365 days a year at 1-800-228-3108

HELPFUL CONTACT INFORMATION

DESCRIPTION OF INFORMATION	CONTACT
NWFFT Trust Office Open Enrollment, Eligibility, COBRA, Booklets, SBC's, General Member Service	Vimly Benefit Solutions Monday-Friday: 8:30am-5pm PST Phone: 866-265-5231 Fax: 866-676-1530 **NWFFT@vimly.com** **http://NWFFT.Simon365.com**
NWFFT Trust Consultants Escalated issues, general Trust business	DiMartino Associates 206-623-2430 **becky@dimarinc.com**
Regence BlueShield Medical Benefits/Claims, Vision Benefits/Claims, ID Cards, Network Providers, Medical Procedure Prior Authorizations	**Customer Service** 888-370-6156 **www.regence.com** **MDLIVE Telehealth** 1-888-725-3097 **www.MDLive.com/regence-wa**
Sav-Rx Prescription Services Pharmacy Benefits/Claims, Pharmacy Network, Mail Order & Specialty Pharmacy, Drug Prior Authorizations	**Customer Service** 24 hours a day, 7 days a week 800-228-3108 **For Pharmacy Benefit information:** **www.SavRx.com**
Vision Service Plan (VSP) Vision Benefits/Claims, Vision Network	**Customer Service** 800-877-7195 **To find providers:** **www.VSP.com**
EPIC Hearing Healthcare Hearing Exam & Hardware Benefits/Claims	1-866-956-5400 **HEAR@EPICHearing.com**

ANNUAL NOTIFICATION

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 may contact the Washington State Medicaid or CHIP office to find out if premium assistance is available at **http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx** or dial **1-800-562-3022 ext. 15473**

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).**

To see if any additional states offer a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor U.S. Department of Health and Human Services

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/ebsa www.cms.hhs.gov

1-866-444-EBSA (3272) 1-877-267-2323, Ext. 61565

Newborns' and Mothers' Health Protection Act of 1996

The Newborns' Act and its regulations provide that 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

ANNUAL NOTIFICATIONS, CONT.

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits:

· 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 lymphedemas

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan. Please call your Plan Administrator for more information.

NOTES