

# General Notices

Aerospace Retirees

November 2017

These notices and disclosures regarding the Aerospace Retiree Medical Plan are for your information.

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**Please call Aerospace Employee Benefits at 310-336-5107  
if you have questions about any of these notices.**

**The Aerospace Corporation  
2310 E. El Segundo Blvd. M3/433  
El Segundo, CA 990245-4609**

# Privacy Notice for the Aerospace Retiree Medical Plan

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

## Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to maintain the privacy of your Protected Health Information (PHI). This notice provides you with information about how The Aerospace Retiree Medical Plan (the Plan) will use and disclose your PHI, and your rights with respect to this information.

For purposes of the Plan, PHI includes any information that identifies you and that relates to health care services provided to you, or the payment for health care services provided to you, including your genetic information.

The Plan must comply with provisions of this notice, although it reserves the right to change the terms of this notice, as described below.

## Permitted use and disclosure

The Plan may not use or disclose your PHI unless it is permitted or required to do so. The Plan may use and disclose your PHI for purpose of providing you with coverage under the Plan. This section of the notice describes all the permitted uses and disclosures of your PHI by the Plan.

## Payment and Health Care Operations

The Plan will use and disclose PHI for the purposes of payment and health care operation without your authorization. Examples of the uses and disclosures that the Plan may make for each of these purposes are described below:

- **Payment** – Payment refers to the activities of the Plan in providing coverage and paying claims under the Plan. For example, the Plan uses and discloses PHI to process your claims under the Plan for reimbursement of medical expenses. This claim-processing function is performed by Anthem Blue

Cross, who currently is the Plan's third-party administrator.

- **Health Care Operations** – Health Care Operations refers to the basic business functions necessary to operate the Plan. For example, the Plan may use and disclose PHI to conduct quality assessment studies of the Plan's third-party administrator or it may disclose PHI to consultants who provide legal or auditing services for the Plan.

## Disclosures to the Plan Sponsor

The Plan may disclose your PHI to The Aerospace Corporation (the Plan Sponsor) to the extent necessary for the Plan Sponsor to carry out administrative functions of the Plan. Such disclosures to the Plan Sponsor may be made for the following purposes: informing the Plan Sponsor that you are enrolled in the Plan so that the Plan Sponsor can withhold the appropriate amount of contribution to the Plan from your pension payment; the Plan Sponsor's review of appeals of denied claims by the third-party administrator; and to modify, amend, or terminate the Plan.

## Other use and disclosure allowed without authorization

The Plan may also use and/or disclose your PHI without your authorization in the following circumstances:

- To you, to a personal representative that you designate to receive the information (such as a relative), or to representative designated by law (such as a parent or legal guardian of a minor child);
- To a business associate as part of contractual agreement under which the business associate agrees to perform services for the Plan. (Each business associate must agree in writing to ensure the continuing confidentiality and security of your protected health information);
- As required by law;
- To the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an

investigation to determine the Plan's compliance with the HIPAA Privacy Rules;

- For public health activities;
- To a health oversight agency for its activities as authorized by law, such as its audits, investigations, or inquiries regarding the Plan;
- In response to a court order, subpoena, discovery request, or other judicial or administrative proceeding;
- To law enforcement officials for limited law enforcement purposes, such as to avert serious threat to your health or safety or the health or safety of others;
- To a governmental authority that is authorized to receive reports of abuse, neglect, or domestic violence;
- For specialized government functions, including national security and intelligence activities;
- To appropriate military authorities, if you are a member of the armed forces or, if you are a member of a foreign military service, to the foreign military authority;
- To a coroner or medical examiner for duties regarding a deceased person as authorized by law;
- To an organ procurement organization, in limited circumstances;
- For research purposes, in limited circumstances; or
- As required to comply with workers' compensation or other similar programs that provides benefits for work-related injuries or illnesses.

If your state has a privacy law that provides you greater protections, the Plan will comply with that law.

As described above, PHI may be disclosed to a personal representative that you designate. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before he or she will be given access to your PHI or allowed to take any action for you. The Plan may elect not to treat the person as your personal representative if the Plan has a reasonable belief that you have been, or may be,

subject to domestic violence, abuse, or neglect by such person; treating such person as your personal representative could endanger you; or the Plan determines that it is not in your best interests to treat the person as your personal representative.

## **Pursuant to an Authorization**

Your written authorization will be required for the Plan to use or disclose your PHI other than as described above or otherwise permitted by applicable law. You may revoke an authorization at any time by providing written notice to the Plan that you wish to revoke an authorization. The Plan will honor a request to revoke an authorization for future uses and disclosures of PHI in writing. However, the revocation will not be effective for information that the Plan has used or disclosed in reliance on the authorization.

Please note that written authorization is also required for the Plan to use or disclose PHI that contains your genetic information.

## **Your rights**

### **1. Right to request restriction on use and/or disclosure of PHI**

You have the right to request restrictions on the Plan's uses and disclosures of PHI for payment or health care operations. You also have the right to request that the Plan restrict disclosures to individuals who may be involved in your health care or payment for your health care. The Plan is not required to agree to your request. However, if you pay out-of-pocket in full for any health care item or service, you may ask your health care provider not to disclose any PHI regarding that item or service. To request a restriction, you must submit a written request to the contact person listed at the end of this notice; your request must state the specific restriction requested and to whom that restriction would apply.

### **2. Right to receive confidential communications**

You have the right to request that the Plan's communication of PHI to you be made to you by alternative means or at an alternative location other than to your address of record if you believe that the normal method of communication would

endanger you. Any such request must be made in writing to the contact person listed that the end of this notice. Your request must specify the alternative location or means for communication with you, and must state that disclosure of all or part of the PHI under the normal method would put you in danger. The Plan will accommodate any request for confidential communications that is reasonable if the normal method of disclosure of PHI could endanger you.

### 3. Right to inspect and copy PHI

You have the right to inspect and obtain a copy of the PHI that the Plan maintains in a designated record set for as long as the Plan maintains in a designated record set for as long as the Plan maintains the PHI. A “designated record set” contains enrollment, claim information, premium and billing records and any other records the Plan has created in making claim and coverage decisions relating to you; information that is used for quality control, that is not used to make decisions about an individual, is not included as part of the designated record set. Requests for access to your PHI should be made, in writing, to the contact person listed at the end of this notice.

Please note that, under federal law, you may not inspect or copy certain records that are created or received by the Plan, such as information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.

If the Plan denies a request for access, then you have the right to have the denial reviewed. Aerospace will select an individual who was not involved in the initial decision to conduct the review of the initial decision.

You will be charged a reasonable fee for copying and mailing the PHI.

### 4. Right to amend PHI

You have the right to request in writing an amendment to your PHI, but the Plan may deny your request for amendment if it determines that the PHI or record that is the subject of the request is accurate and complete. Your request to amend PHI must be submitted in writing to the contact person listed at the end of this notice, and must set

forth one or more reasons in support of the proposed amendment. Any agreed upon amendment will be either attached to or included in your records.

**Please do not use this formal amendment process for administrative changes such as change of address, change of name, or adding or dropping a dependent. We ask that you notify Aerospace Employee Benefits of those changes through existing procedures.**

The Plan has 60 days after your request to amend your PHI to act on the request, except that an additional 30-day period is allowed if the Plan is unable to comply with your request within the initial 60-day period and the Plan gives you a written statement of the reasons for the delay and the date by which the Plan will make a decision on your request.

If your request for amendment is denied, you have the right to have a statement of disagreement included with the PHI and the Plan has a right to include a rebuttal to your statement, a copy of which will be provided to you.

### 5. Right to receive an accounting

You have the right to request in writing an accounting of disclosures of PHI made by the Plan, within the six years prior to the date of your request, except for disclosures:

- i) To carry out payment and health care operations (i.e. for reimbursement operations as provided above);
- ii) That you authorized or that we made you;
- iii) That occurred prior to April 14, 2003;
- iv) To persons involved in your care or payment for care;
- v) As part of a limited data set, as provided in the HIPAA Privacy Rule;
- vi) For national security or intelligence purposes as provided by law;

vii) To correctional institutions or other custodial law enforcement officials as permitted by the HIPAA Privacy Rule; or

viii) Incident to a use or disclosure required or permitted by the HIPAA Privacy Rule.

The Plan does not expect that there will be many, if any, disclosures for any purpose other than as described in the preceding list

The Plan will impose a reasonable charge to cover the Plan's cost if you request an accounting more than once per year.

## **6. Right to receive confidential communications**

You have the right to request that the Plan communicate with you about your health and related issues in a particular manner or at a certain location if your life could be endangered by the disclosure of PHI. For example, you may ask that the Plan contact you at work rather than at home. The Plan will accommodate reasonable requests made in writing. Your request to receive PHI by alternative means must clearly state that your life could be endangered by the disclosure of all or part of your PHI.

## **7. Right to a copy of the notice**

You have the right to request a paper copy of this notice from the contact person listed at the end of this notice.

## **8. Right to notification following breach**

You have a right to be notified following an improper disclosure of your unsecured PHI.

## **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan's privacy officer and/or with the Secretary of the U.S. Department of Human and Health Services. You may submit your complaint in writing by mail or electronically to the Aerospace Employee Benefits Department at M3/433. A complaint must name the person or entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this notice. Neither the Plan Sponsor nor the Plan will retaliate against you for filing any complaint.

## **Amendments to this notice**

As noted above, the Plan reserves the right to revise or amend this notice at any time. The revisions or amendments may be made effective for all PHI related to the Plan even if the PHI is created or received prior to the effective date of the revision or amendment. The Plan will provide you with notice of any revisions or amendments to this notice, or changes in the law affecting this notice. You can, at any time, request a copy of the most current privacy notice that relates to the Plan from the contact person listed at the end of this notice.

## **Contact person**

To request access, amendment or accounting, or if you would like further information about this notice, please contact Aerospace Employee Benefits.

*This notice is Effective as of September 30, 2017.*

# COBRA – Coverage Continuation

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Aerospace Group Medical Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Aerospace Group Medical Plan and under federal law, please contact Aerospace Employee Benefits.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace (state or federal exchange), you may qualify for lower cost on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of your coverage under the Aerospace Retiree Medical Plan when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage is lost because of the qualifying event. Qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

**Qualified beneficiaries who participate in an Aerospace Retiree Medical Plan** may elect to continue coverage if medical coverage ends because:

- You terminate employment (except if you are terminated for gross misconduct) or
- You are no longer eligible because of reduction in your hours.

**Covered spouses and eligible dependents** may elect to continue coverage if coverage ends because one of the following qualifying events occurs while you are actively employed:

- Your death,
- You terminate employment (except if you are terminated for gross misconduct),
- You are no longer eligible because of a reduction in your hours,
- There is a change in your marital status (divorce, dissolution, or legal separation),
- You become entitled to Medicare benefits (under Part A, Part B, or both), or
- Your eligible dependent stops being eligible for coverage as a "dependent child."

Qualified beneficiaries must contact Aerospace Employee Benefits within 60 days of a divorce, dissolution, a legal separation, or cessation of dependent status. This notice must be provided to Aerospace Employee Benefits in writing. Upon receiving notification, Aerospace Employee Benefits will send the impacted person an election form and more information. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. The person must inform Aerospace Employee Benefits that he or she wants coverage continuation within 60 days from the later of: 1) the date he or she would lose coverage because of one of the events described in this notice; or 2) the date he or she is notified of your right to elect coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### **Disability extension of 18-month period of COBRA continuation coverage**

If you or anyone in your family covered under the Aerospace Group Medical Plan is determined by Social Security to be disabled and you notify Aerospace Employee Benefits in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 20 months. The disability would have to have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Aerospace Employee Benefits may require additional information regarding the disability determination. The notice should be delivered no later than 30 days following the disability determination.

### **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event during the 18-months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if Aerospace Employee Benefits is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Aerospace Group Medical Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage had the first qualifying event not occurred.

If continuation of coverage is elected, qualified beneficiaries must pay the **full cost of the elected**

**coverage plus a two percent administrative fee.** During the continuation of coverage, eligible COBRA participants may select another medical plan during the annual open enrollment period. If you do not elect continuation coverage, you may be able to convert your coverage to an individual policy. Contact the Plan Administrator for more details.

**Continuation coverage will stop** when one of the following occurs:

- 1) the indicated time period ends;
- 2) the person receiving COBRA benefits becomes covered under another group health plan that does not impose any applicable pre-existing condition exclusions;
- 3) the person receiving COBRA benefits becomes entitled to Medicare benefits;
- 4) the required premiums are not paid on time; or
- 5) The Aerospace Retiree Medical Plan is terminated.

Questions concerning your coverage under the Aerospace Retiree Medical Plan or your COBRA continuation coverage rights should be addressed to Aerospace Employee Benefits. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let Aerospace Employee Benefits know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to Aerospace Employee Benefits.

# Notice of HIPAA Special Enrollment Rights

A federal law called HIPAA requires that we notify you about your right to enroll in the Aerospace Retiree Medical Plan (Plan) if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

## Special enrollment rights

**Loss of other coverage (excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in the Aerospace Retiree Medical 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).

**Loss of coverage for Medicaid or a State Children’s Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a State Children’s Health Insurance Program is in effect, you may be able to enroll yourself and your dependents in the Aerospace Group Medical Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a State Children’s Health Insurance Program. Additional information on this special enrollment right is included in these General Notices.

**New dependent by marriage, birth, adoption, or placement for adoption.** 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 new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children’s Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a State Children’s Health Insurance Program with respect to coverage under this Plan, you may be able to enroll yourself and your dependents in this Plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance. Additional information on this special enrollment right is included in these General Notices.

## Change in Status Events

You can make certain changes in your elections during the year **only if** you provide proof of one or more **change in status events** as defined in IRS regulations, such as:

- Change in legal marital status (marriage, divorce, legal separation);
- Change in number of eligible dependents (birth, adoption, custody, death);
- Change in dependent’s eligibility (loss or gain of other coverage, cessation of student status, attainment of maximum age);
- Change in employment status, work schedule, residence, or worksite that affects benefit coverage eligibility for you, your spouse, or your dependent under the benefits plan; or
- Any event that triggers HIPAA Special Enrollment Right, including a change in eligibility status under Medicaid, a State Children’s Health Insurance Program (CHIP), or a state premium assistance program

Any election changes you make outside the annual enrollment period must be consistent with your change in status event. For example, if you get married, you can add dependent coverage to your current medical plan within 31 days of marriage but cannot change medical plans. However, you may change medical plans during the year if, for example, you move out of the service area for the plan you selected during open enrollment. **All changes must be made within 31 days of the eligible change in status event**, unless otherwise permitted in accordance with applicable law.



Note that you must notify the Employee Benefits within 31 days when you have a change in status event that may trigger the right to change your coverage elections.

## Michelle's Law Notice

**Note: this is not an issue for Aerospace eligible dependents since we cover them until they are age 26 regardless of student status. However, we are required to provide you with this notice.**

If you have a dependent child older than age 19 who is enrolled at a post-secondary institution (e.g. college or university) on a full-time basis, he or she may be eligible to continue to be covered as a dependent if he or she loses full-time student status due to a serious injury or illness under a federal law referred to as "Michelle's Law."

In order to be eligible to continue coverage as a dependent under Michelle's Law:

- The dependent child must be enrolled in the Plan based on full-time student status immediately before the first day of the medically necessary leave of absence;
- A doctor's written certification of the medically necessary leave of absence must be submitted to the health insurance company; and
- Proof of full-time student status before the leave of absence may also be required to be submitted to the health insurance company.

Continued dependent coverage will be extended for at least one year after the first day of the leave of absence, but may end earlier if the dependent child does not meet the dependent eligibility requirement under the plan. If dependent coverage under Michelle's Law ends, the dependent may be eligible for continuation of coverage under the Plan.

If an eligible dependent remains enrolled in the Plan under Michelle's Law, the dependent child will continue to participate in the same medical benefit options that he or she was in prior to the medical leave of absence.

## Newborns and Mothers Health Protection Act

The Newborns and Mother Health Protection Act of 1996 (NMHPA) allows mother and newborns to stay in the hospital at least 48 hours following the birth of the child. Group health plans may not limit the hospital stay to less than 48 hours following a normal delivery or less than 96 hours following a delivery by cesarean section. Stays of less than 48 hours or 96 hours, as applicable, are allowed if the attending provider, after consultation with the mother, discharges the mother or newborn earlier. Precertification and other requirements may be necessary for stays beyond 48 or 96 hours, but coverage levels or out-of-pocket costs may not be set so that any portion is covered less favorably.

## Woman's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires the following notice of coverage of medical care following mastectomy.

The retiree group health plans and HMOs currently offered by Aerospace provide coverage for medically necessary mastectomy and associated lymph node dissection. Reconstructive surgery and prosthetic devices following mastectomy are also covered, including those required on the other breast to produce a symmetrical appearance. Coverage for complications, including lymphedema, is also provided.

Prior authorization is not required for length of inpatient stay for mastectomies or lymph node dissection. Length of stay for these procedures will be determined by the attending physician in consultation with the patient. Prior authorization for hospital admissions for mastectomies is not required.

## Mental Health Parity and Addiction Equity Act of 2008

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) generally requires that group health plans offer coverage for mental health and substance abuse disorders that are generally comparable to the coverage available for other types of illness or disease, such as medical and surgical benefits. In particular:

- The financial requirements (e.g. deductibles and co-payments) and treatment limitations (e.g. number of visits or days of coverage or medical management standards) that apply to mental health and substance abuse benefits must be no more restrictive than the predominant financial requirements or treatment limitations that apply to substantially all medical/surgical benefits;
- Mental health and substance abuse benefits cannot be subject to separate cost-sharing requirements or treatment limitations that only apply to such benefits;
- Out-of-network mental health and substance abuse benefits must generally be made available; and
- Standards for medical necessity determinations and reasons for any denial of benefits relating to mental health benefits and substance abuse benefits must be made available upon request to Plan participants.

The Plan Administrator will provide a copy of any criteria used to make medical necessity determinations regarding mental health or substance abuse disorder benefits upon request and in accordance with the MHPAEA. In the event your claim for mental health or substance abuse disorder benefits is denied, the Aerospace Group Retiree Medical Plan will provide you with an explanation for the denial.

## Genetic Information and Nondiscrimination Act of 2008 (GINA)

The Genetic Information and Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting, requiring, or collecting genetic information about an individual or the family member of an individual (including family medical history) except as specifically permitted under the law. Your genetic information cannot be used in connection with your enrollment in any health plan offered by The Aerospace Corporation. Furthermore, employer-sponsored health plans cannot collect or use genetic information to determine your eligibility for benefits, computation of your premium contribution, or the creation, renewal, or replacement of a contract of health insurance or benefits.

Genetic information is generally defined as your (or your family's) genetic tests, information about the manifestation of disease or disorder in your family, your request for or receipt of genetic services (including certain clinical research), or the genetic information of your unborn child. If you have any questions about the limitations imposed by GINA, please contact the Plan Administrator.

## 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 January 31, 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://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.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>	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>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	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 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>
<p align="center"><b>KANSAS – Medicaid</b></p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p>
<p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512</p>	<p>Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p>
<p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570</p>	<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p>	<p align="center"><b>NEW YORK – Medicaid</b></p>
<p>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>
<p align="center"><b>MAINE – Medicaid</b></p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p>
<p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p>
<p>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120</p>	<p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p>
<p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739</p>	<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>
<p align="center"><b>MISSOURI – Medicaid</b></p>	<p align="center"><b>OREGON – Medicaid</b></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>	<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> Phone: 1-800-699-9075</p>

<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancpremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancpremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565