



2014 Annual Notices

Annual Notices

HUMAN RESOURCES

2014 Open Enrollment Overview

The open enrollment period for making changes to your medical, dental, vision and life insurance and making flexible spending account elections to be effective January 1, 2014 begins Friday, November 1 and ends Saturday, November 30, 2013. All completed forms must be received in the Office of Human Resources, Alpha Hall, Room 203, by the close of business, Saturday, November 30. All changes will become effective January 1st, 2014.

All employees are required to complete and return a Benefits Election Form, even if you are NOT making any benefit changes or elections.

You should receive your individual Open Enrollment packet by November 8th.

Please join us for the 2014 Benefits Open Enrollment Fair. This year, the meeting will be held in:



THE KAV
Monday, November 18th
10:00 am—2:00 pm

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Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your

dependents in this plan, provided that you request enrollment within 30 days after your coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or

placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

WHCRA Enrollment Notice

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 coinsurances

apply:

In-Network Services
Covered at 100% after applicable deductible (varies by plan).

Out-of-Network Services
Covered at 80% after applicable deductible (varies by plan).

If you would like more information on WHCRA benefits, call your Plan Administrator, Brenda Spiker at 717-361-1183 or spikerbk@etown.edu.



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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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, 2013. You should contact your State for further information on eligibility –

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| ALABAMA – Medicaid |
| Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447 |
| ALASKA – Medicaid |
| Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529 |
| ARIZONA – CHIP |
| Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437 |
| COLORADO – Medicaid |
| Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 |
| FLORIDA – Medicaid |
| Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268 |
| GEORGIA – Medicaid |
| Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150 |
| IDAHO – Medicaid and CHIP |
| Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588 |

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| INDIANA – Medicaid |
| Website: http://www.in.gov/fssa Phone: 1-800-889-9949 |
| IOWA – Medicaid |
| Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 |
| KANSAS – Medicaid |
| Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884 |
| KENTUCKY – Medicaid |
| Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 |
| LOUISIANA – Medicaid |
| Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447 |
| MAINE – Medicaid |
| Website: http://www.maine.gov/dhhs/ofi/public- Phone: 1-800-977-6740 TTY 1-800-977-6741 |

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) *cont.*

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us/>
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3629

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-800-383-4278

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/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: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.ncdhhs.gov/dma>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://www.oregonhealthykids.gov>
<http://www.hijosaludablesoregon.gov>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.ohhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/upp>
Phone: 1-866-435-7414

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>
Medicaid Phone: 1-800-432-5924
CHIP Website: <http://www.famis.org/>
CHIP Phone: 1-866-873-2647

**ELIZABETHTOWN
COLLEGE**

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Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) cont.

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| WASHINGTON – Medicaid Website: http://hrsa.dshs.wa.gov/ Phone: 1-800-562-3022 ext. 15473 | WISCONSIN – Medicaid Website: http://www.badgercareplus.org/ Phone: 1-800-362-3002 |
| WEST VIRGINIA – Medicaid Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party | WYOMING – Medicaid Website: http://health.wyo.gov/healthcarefin/ Phone: 307-777-7531 |

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137

Notice of Availability of Notice of Privacy Practices

The Elizabethtown College Group Health Plan (the "Plan") is required by the Health Insurance Portability and Accountability Act of 1996 and its regulations to maintain the privacy of your protected health information ("PHI") and to provide plan participants with notice of its legal duties and privacy practices with respect to PHI. PHI is any individually identifiable information that is received or maintained by the Plan in electronic, written, or oral form that pertains to your past,

present or future mental or physical condition, the provision of health care services for that condition, and the payment for those services.

The Plan is required by law to tell you:

- The Plan's uses and disclosures of your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of

Health and Human Services; and

- The person to contact for further information about the Plan's privacy practices.

A copy of the Notice of Privacy Practices is available to all individuals whose PHI will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Brenda Spiker at 717-361-1183 or spikerbk@etown.edu.

REMINDER:

All forms must be completed and returned to Human Resources by Saturday, November 30, 2013.