

HEALTH CARE PLAN NOTICES



This benefit communication includes notices for the Methodist Health System Employee Health Care Plan.

You will find the following notices:

- Special Enrollment Notice
- CHIP Notice
- Medicare Part D Notice
- Women's Health and Cancer Rights Act of 1998

EMPLOYEE HEALTH CARE PLAN

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this 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).

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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

The Children's Health Insurance Program Reauthorization Act of 2009 ("CHIP") provides that the Methodist Health System Employee Health Care Plan must permit special enrollment arrangements for employees related to eligibility under either Medicaid or CHIP. Specifically, the Methodist Health System Employee Health Care Plan must permit an employee, or his or her dependent, who is eligible, but not enrolled, for coverage under the plan to enroll for coverage if either:

- (i) the employee or dependent is covered under a Medicaid plan or state CHIP, (ii) coverage of the employee or dependent is terminated as a result of loss of eligibility, and (iii) the employee requests coverage under the group health plan no later than sixty (60) days after the date coverage terminates; or
- (ii) the employee or dependent becomes eligible for assistance under a Medicaid plan or state CHIP (including under any waiver or demonstration project conducted under or in relation to those plans), and (ii) the employee requests coverage under the group health plan no later than 60 days after the date the employee or dependent is determined to be eligible for assistance.

To request special enrollment, or obtain more information, contact Methodist Health System Human Resources at 825 S. 169th Street, Omaha, NE 68118, or (402) 354-4748.

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, 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.

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, 2021. You should contact your State for further information on eligibility:

<p>ALABAMA – MEDICAID</p> <p>http://myalhipp.com/ Phone - 1-855-692-5447</p>	<p>FLORIDA – MEDICAID</p> <p>https://flmedicaidplrecovery.com/flmedicaid+plrecovery.com/hipp/index.html Phone - 1-877-357-3268</p>
<p>ALASKA – MEDICAID</p> <p>The AK Health Insurance Premium Payment Program : http://myakhipp.com/ Phone - 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>GEORGIA – MEDICAID</p> <p>https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, ext 2131</p>
<p>ARKANSAS – MEDICAID</p> <p>http://myarhipp.com/ 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – MEDICAID</p> <p>Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/hip/ 1-877-438-4479 All other Medicaid https://www.in.gov/medicaid 1-800-457-1584</p>
<p>CALIFORNIA – MEDICAID</p> <p>https://www.dhcs.ca.gov/hipp Phone: 916-440-5676 Email: hipp@dhcs.ca.gov</p>	<p>IOWA – MEDICAID AND CHIP (HAWKI)</p> <p>https://dhs.iowa.gov/ime/members Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP phone: 888-346-9562</p>
<p>COLORADO – MEDICAID & CHILD HEALTH PLAN PLUS</p> <p>Health First Colorado 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 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-</p>	<p>NORTH DAKOTA – MEDICAID</p> <p>http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

buy-program HIBI Customer Service: 1-855-692-6442	
KANSAS – MEDICAID http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	OKLAHOMA – Medicaid and CHIP http://www.insureoklahoma.org Phone: 1-888-365-3742
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) website: http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid https://chfs.ky.gov	OREGON – MEDICAID http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	PENNSYLVANIA – MEDICAID https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
MAINE – MEDICAID https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms 1-800-977-6740 TTY: Maine relay 711	RHODE ISLAND – MEDICAID AND CHIP http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
MASSACHUSETTS – MEDICAID AND CHIP http://www.mass.gov/eohhs/gov/departments/masshealth Phone: 1-800-862-4840	SOUTH CAROLINA – MEDICAID https://www.scdhhs.gov Phone: 1-888-549-0820
MINNESOTA – MEDICAID https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insur-ance.jsp Phone: 1-800-657-3739	SOUTH DAKOTA - MEDICAID http://dss.sd.gov Phone: 1-888-828-0059
MISSOURI – MEDICAID http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	TEXAS – MEDICAID http://gethipptexas.com/ Phone: 1-800-440-0493
MONTANA – MEDICAID http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	UTAH – MEDICAID AND CHIP Medicaid https://medicaid.utah.gov CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEBRASKA – MEDICAID http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	VERMONT – MEDICAID http://www.greenmountaincare.org/ Phone: 1-800-250-8427

NEVADA – MEDICAID https://dhcfp.nv.gov/Medicaid Phone: 1-800-992-0900	VIRGINIA – MEDICAID and CHIP https://www.coverva.org/en/famis-select https://www.coverva.org/hipp Medicaid 1-800-432-5924 CHIP 1-855-242-8282
NEW HAMPSHIRE – MEDICAID https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 HIPP program: 1-800-852-3345, ext 5218	WASHINGTON – MEDICAID https://www.hca.wa.gov Phone: 1-800-562-3022
NEW JERSEY – MEDICAID AND CHIP http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid 609-631-2392 CHIP : http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	WEST VIRGINIA – MEDICAID http://mywvhipp.com 1-855-MyWVHIPP (1-855-699-8447)
NEW YORK – MEDICAID https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	WISCONSIN – MEDICAID AND CHIP https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
NORTH CAROLINA – MEDICAID https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	WYOMING – MEDICAID https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any more States have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, you can 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 and Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

MEDICARE PART D NOTICE

As part of federal legislation, Medicare offers prescription drug benefits. Because the Methodist Health System Employee Health Care Plan offers prescription drug benefits, the following notice is required.

HEALTH CARE PLAN PARTICIPANTS – INCLUDING SPOUSE AND OTHER COVERED DEPENDENTS:

Important Notice From The Methodist Health System Employee Health Care Plan 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 the Methodist Health System Employee Health Care Plan and prescription drug coverage available for people with Medicare.

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.

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. Methodist Health System has determined that the prescription drug coverage offered by the Methodist Health System Employee Health Care Plan is, on average for all plan participants, expected to pay out as much as the 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 through 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 Methodist Health System Employee Health Care Plan coverage will not be affected. Your Methodist Health System Employee Health Care Plan prescription drug coverage will be primary and will not coordinate with the Medicare drug plan.

AN OVERVIEW – PPO OPTION

An overview of the prescription drug benefits available in the Methodist Health System Employee Health Care Plan is shown below. The plan benefits encourage generic products when these are available. The example shown below outlines the plan benefits when a brand or non-formulary brand is purchased and a generic drug is available.

	Retail* <u>Up to 30 Day Supply</u>	Mail Service* <u>Up to 90 Day Supply</u>
Generic	35%, \$10 min., \$100 max.	35%, \$20 min., \$200 max.
Brand Name Formulary	35%, \$40 min., \$120 max.	35%, \$70 min., \$230 max.
Non-Formulary Brand Name	50%, \$60 min., \$150 max.	50%, \$120 min., \$250 max.
Specialty Mail Service –	-----	35%, \$90 min., \$170 max.

Mail Service Only, Limit up to 30 day supply.

Retail 90 Day Supply – 3x 30-day co-pay applies

*If a generic drug is available and you opt to have your prescription filled with a brand name or non-formulary drug, the Plan will pay only the cost of the generic. You will be responsible for paying the Brand Name co-pay plus the cost difference between the brand-name or non-formulary and the generic drug.

Example: You have a prescription filled at a retail pharmacy for XYZ drug, and there is a generic available. If the prescription is filled as XYZ drug, it is a brand drug. XYZ drug costs \$120; the generic substitution costs \$41. Below is an example of your costs for generic substitution compared to brand name:

Brand Name Option

\$ 42 Brand Co-pay ($\$120 * 35\% = \42)
+ \$ 79 (\$120 cost of XYZ drug - \$41 cost of the generic)
\$121 for XYZ drug prescription

Generic Substitution Option

\$14.35 Generic Co-pay
($\$41 * 35\%$)

If you do decide to join a Medicare drug plan and drop your current Methodist Health System coverage, be aware that

you and your dependents may not be able to get this coverage back.

AN OVERVIEW – HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTION

An overview of the prescription drug benefits available in the Methodist Health System Employee Health Care Plan – High Deductible Health Plan option are shown below:

The plan benefits encourage generic products when these are available. The example shown below outlines the plan benefits when a brand or non-formulary brand is purchased and a generic drug is available.

Calendar year deductible applies first, then the coinsurance below applies. The deductible is \$1,400 if one person is covered on the plan and \$2,800 if more than one person is covered on the plan.

	Retail* Up to 30 Day Supply	Mail Service* Up to 90 Day Supply
Generic	35%, \$10 min., \$100 max.	35%, \$20 min., \$200 max.
Brand Name Formulary	35%, \$40 min., \$120 max.	35%, \$70 min., \$230 max.
Non-Formulary Brand Name	50%, \$60 min., \$150 max.	50%, \$120 min., \$250 max.
Specialty Mail Service –	-----	35%, \$90 min., \$170 max.

Mail Service Only, Limit up to 30 day supply.

Retail 90 Day Supply – 3x 30-day co-pay applies

*If a generic drug is available and you opt to have your prescription filled with a brand name or non-formulary drug, the Plan will pay only the cost of the generic. You will be responsible for paying the Brand Name co-pay plus the cost difference between the brand-name or non-formulary and the generic drug.

Example: Calendar Year Deductible: The deductible is \$1,600 if one person is covered and \$3,200 if more than one person is covered. After you have met your calendar year deductible, you have a prescription filled at a retail pharmacy for XYZ drug, and there is a generic available. If the prescription is filled as XYZ drug, it is a brand drug. XYZ drug costs \$120; the generic substitution costs \$41. Below is an example of your costs for generic substitution compared to brand name:

Brand Name Option

\$ 42 Brand Co-pay ($\$120 \times 35\% = \42)
+ \$ 79 (\$120 cost of XYZ drug - \$41 cost of the generic)
\$121 for XYZ drug prescription

Generic Substitution Option

\$14.35 Generic Co-pay
(\$41 x 35%)

If you do decide to join a Medicare drug plan and drop your current Methodist Health System coverage, be aware that you and your dependents may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with Methodist Health System 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 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 Benefits at 402-354-4748 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 Methodist Health System 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 www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their tele number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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: September 21, 2020
Name of Entity / Sender: Methodist Health System
Contact – Position/Office: Benefits
Address: 825 S. 169th Street, Omaha, NE 68118
Number: (402) 354-4748

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 requires specific health care plan coverage related to mastectomies. Our Health Care Plan has provided this coverage for a number of years and continues to provide the coverage. 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.

Calendar year deductibles will apply to the coverage, as well as coinsurance for physician services, hospital services, and other services related to the procedures. Please refer to the specific coverage information that applies to the health plan you elect.

For services from hospitals, surgical facilities, in-patient/out-patient ambulatory surgical centers and urgent care centers billed by a hospital, Tier 1 facilities and hospitals, include the Methodist Health System Physician - Hospital Organization (PHO). Tier 2 coverage applies to Tier 2 In-network providers - the Nebraska Health Network (NHN) - and Tier 3 coverage applies to Tier 3 providers in the United Healthcare Choice Plus network. **All other facilities and hospitals are Out-of-Network and are not covered.**

If you would like more information on Women's Health and Cancer Rights Act benefits, call UMR at 1-800-826-9781.