

# CHIP NOTICE

## 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 Dallas County, 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 on the following page, 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, dial **1-877-KIDS NOW**, or visit [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 States listed on the following page, you may be eligible for assistance paying your employer health plan premiums. The list of States is current as of July 31, 2018. Contact your State for further information on eligibility.**

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

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

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

State	Website/E-mail	Phone
Alabama (Medicaid)	<a href="http://www.myalhipp.com">http://www.myalhipp.com</a>	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: <a href="http://myakhipp.com">http://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> E-mail: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>	1-866-251-4861
Arkansas (Medicaid)	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
Colorado (Medicaid and CHP+)	Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a>	Medicaid: 1-800-221-3943 CHP+: 1-800-359-1991 State Relay 711
Florida (Medicaid)	<a href="http://www.flmedicaidprecovery.com/hipp/">http://www.flmedicaidprecovery.com/hipp/</a>	1-877-357-3268
Georgia (Medicaid)	<a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> (click on Health Insurance Premium Payment (HIPP))	404-656-4507
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> All other Medicaid: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>	1-877-438-4479 1-800-403-0864
Iowa (Medicaid)	<a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a>	1-800-257-8563
Kansas (Medicaid)	<a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>	1-785-296-3512
Kentucky (Medicaid)	<a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	1-800-635-2570
Louisiana (Medicaid)	<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>	1-888-695-2447
Maine (Medicaid)	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>	1-800-442-6003 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>	1-800-862-4840
Minnesota (Medicaid)	<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>	1-800-657-3739
Missouri (Medicaid)	<a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>	1-800-694-3084
Nebraska (Medicaid)	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="https://dhcfp.nv.gov/">https://dhcfp.nv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a>	603-271-5218 Hotline: 1-888-901-4999
New Jersey (Medicaid and CHIP)	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="http://www.nd.gov/dhs/services/medicalsev/medicaid/">http://www.nd.gov/dhs/services/medicalsev/medicaid/</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<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>	1-800-699-9075
Pennsylvania (Medicaid)	<a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>	1-800-692-7462
Rhode Island (Medicaid)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="http://gethipptexas.com/">http://gethipptexas.com/</a>	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont (Medicaid)	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	Medicaid: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282
Washington (Medicaid)	<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>	1-800-562-3022, Ext. 15473
West Virginia (Medicaid)	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	1-855-699-8447
Wisconsin (Medicaid and CHIP)	<a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>	1-800-362-3002
Wyoming (Medicaid)	<a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>	307-777-7531



# HIPAA PRIVACY NOTICE

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**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW HEALTH PLAN INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Dallas County Health Fund Group Insurance Plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact:

Dallas County  
Human Resources Department  
902 Court Street  
Adel, Iowa 50003  
(515) 993-1751  
[DCPersonnel@dallascountyiowa.gov](mailto:DCPersonnel@dallascountyiowa.gov)

## Effective Date

This Notice is effective ***September 28, 2018.***

## Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may request a copy of this notice at any time or you may view it by visiting Dallas County Human Resources' website at [www.co.dallas.tx.us](http://www.co.dallas.tx.us). For more information about our privacy practices, or for additional copies of this notice, please contact the individual designated at the end of this notice.

## How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

**For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care

providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another plan to coordinate benefit payments.

**For Health Care Operations.** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

**Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

**As Required by Law.** We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

### **Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;

- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**Law Enforcement.** We may disclose your protected health information if asked to do so by a law-enforcement official-

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

**Coroners, Medical Examiners, and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research.** We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

### **Required Disclosures**

The following is a description of disclosures of your protected health information we are required to make.

**Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### **Other Disclosures**

**Personal Representatives.** We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of

attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations.** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

### **Your Rights**

You have the following rights with respect to your protected health information:

**Right to Inspect and Copy.** You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide

you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the Human Resources department. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Human Resources department. Contact information listed below.

**Right to Amend.** If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the HR Department. Contact information listed below. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the HR

department. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing the HR department. Contact information listed below.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing the HR department. Contact information listed below.

We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.dallascountyiowa.gov](http://www.dallascountyiowa.gov).

To obtain a paper copy of this notice, contact the HR Department. Contact information listed on the first and final pages of this notice.

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact

Dallas County  
Human Resources Department  
902 Court St.  
Adel, Iowa 50003  
(515) 993-6800  
[DCPersonnel@dallascountyiowa.gov](mailto:DCPersonnel@dallascountyiowa.gov)

All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.



# HIPAA SPECIAL ENROLLMENT NOTICE

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*This notice is being provided to ensure that you understand your right to apply for group sponsored health insurance coverage. You should read this notice even if you have waived coverage at this time. Please be aware that if you enroll in the plan at a future date, you and your family may be subject to a limited benefit or pre-existing condition for a specified waiting period. See the Summary Plan Description for more details.*

## **Loss of Other Coverage (including Medicaid and State Child Health Coverage)**

If you are declining coverage for yourself or your dependents (including 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 you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for health insurance coverage under this health plan.

## **Marriage, Birth or Adoption**

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, and 60 days after the birth, adoption or placement for adoption.

Example: When you were hired by this employer, your children received health coverage under State Child Health Coverage and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for State Child Health Coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of State Child Health Coverage.

*Note: If you and your eligible dependents enroll during a special enrollment period, as described above, you are not considered a late enrollee. Therefore your group health plan may not require you to serve a pre-existing condition waiting period of more than 12 months. Any pre-existing condition waiting period will be reduced by time served in a qualified plan. See you the Summary Plan Description for more details.*

To request special enrollment or obtain more information, contact the HR department at (515) 993-6800.



## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) OF 1998

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In October 1998, Congress enacted the *Women's Health and Cancer Rights Act of 1998*. This notice explains some important provisions of the Act. Please review this information carefully.

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

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis; and
- Treatment of physical complications at all stages of the mastectomy, including lymph edemas

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services are subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan in accordance with the Summary Plan Description.

If you would like more information on WHCRA benefits, call your plan administrator, the Human Resources department at (515) 993-6800.



## IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE (CREDITABLE COVERAGE)

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Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Dallas County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Dallas County, with assistance from Holmes Murphy & Associates, has determined that the prescription drug coverage offered by the Dallas County Health Fund employee group plan is on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year **from October 15<sup>th</sup> through December 7<sup>th</sup>**.

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 current Dallas County Health Fund employee group plan coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Dallas County Health Fund employee group plan coverage, be aware that you and your dependents may not be able to get this coverage back, as long as you are eligible active full-time employee.

**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 Dallas County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll receive 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 Dallas County 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](http://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 telephone 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](http://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).**

Plan Effective Date:	July 1, 2018
Name of Entity/Sender:	Dallas County
Contact--Position/Office:	Human Resources department
Address:	902 Court Street, Adel, IA 50003
Phone Number:	515-993-6800



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Dallas County</b>		4. Employer Identification Number (EIN) <b>42-6004172</b>	
5. Employer address <b>902 Court Street</b>		6. Employer phone number <b>515-993-6800</b>	
7. City <b>Adel</b>	8. State <b>IA</b>	9. ZIP code <b>50003</b>	
10. Who can we contact about employee health coverage at this job? <b>Human Resources</b>			
11. Phone number (if different from above)		12. Email address <b>dcpersonnel@dallascountyiowa.gov</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Employees regularly scheduled to work at least 30 hours per week.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses; and eligible children meeting one of the following relationships to the member or enrolled spouse; natural child, legally adopted or place for adoption, child for whom you have legal guardianship, stepchild, foster child, or natural child a court orders to be covered.

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

- Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_
- b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year? \_\_\_\_\_**

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_
- b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



Dallas County PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.wellmark.com](http://www.wellmark.com) or call 1-800-622-0005. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-622-0005 to request a copy.

Important Questions	Answers	Why this Matters:
<b>What is the overall <u>deductible</u>?</b>	<b>\$200</b> person/ <b>\$400</b> family per calendar year.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. Well-child care, <u>preventive care</u> , <u>in-network</u> independent labs for mental health/substance abuse, <u>in-network</u> prosthetic limbs, mammograms, laboratory services performed at Dallas County Hospital and services subject to health and drug card <u>copayments</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No. There are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	Health: <b>\$1,500</b> person/ <b>\$3,000</b> family per calendar year. Drug Card: <b>\$1,500</b> person/ <b>\$3,000</b> family per calendar year. The <u>In-Network</u> health and drug card <u>out-of-pocket</u> maximum amounts accumulate together.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why this Matters:
Will you pay less if you use a <b>network provider</b> ?	Yes. See <a href="http://www.wellmark.com">www.wellmark.com</a> or call 1-800-622-0005 for a list of <b>network providers</b> .	This <b>plan</b> uses a <b>provider network</b> . You will pay less if you use a <b>provider</b> in the <b>plan's network</b> . You will pay the most if you use an <b>out-of-network provider</b> , and you might receive a bill from a <b>provider</b> for the difference between the <b>provider's</b> charge and what your <b>plan</b> pays ( <b>balance billing</b> ). Be aware, your <b>network provider</b> might use an <b>out-of-network provider</b> for some services (such as lab work). Check with your <b>provider</b> before you get services.
Do you need a <b>referral</b> to see a <b>specialist</b> ?	No.	You can see the <b>specialist</b> you choose without a <b>referral</b> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	\$15 <b>copay</b> per date of service	30% <b>coinsurance</b>	Waive <b>copay</b> and apply <b>deductible</b> and <b>coinsurance</b> to office surgery.
	<b>Specialist</b> visit	\$15 <b>copay</b> per date of service	30% <b>coinsurance</b>	Waive <b>copay</b> and apply <b>deductible</b> and <b>coinsurance</b> to office surgery.
	<b>Preventive care/screening/immunization</b>	No charge	0% <b>coinsurance</b>	One preventive exam and one gynecological exam with Pap smear per calendar year. Waive cost-share for unlimited mammograms. Well-child care is covered to age 7. You may have to pay for services that aren't preventive. Ask your <b>provider</b> if the services you need are preventive. Then check what your <b>plan</b> will pay for.
If you have a test	<b>Diagnostic test</b> (x-ray, blood work)	20% <b>coinsurance</b>	30% <b>coinsurance</b>	For a test in a <b>provider's</b> office or clinic, your cost is included in the cost-share listed above. Waive cost-share for mammograms. Waive cost-share on <b>in-network</b> independent lab services for mental health/substance abuse. Waive cost-share for lab services performed at Dallas County Hospital when labs are the only services billed.
	Imaging (CT/PET scans, MRIs)	20% <b>coinsurance</b>	30% <b>coinsurance</b>	For a test in a <b>provider's</b> office or clinic, your cost is included in the cost-share listed above.

For more information about limitations and exceptions, see your **plan** document or call Wellmark at 1-800-622-0005.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://www.wellmark.com/prescriptions">www.wellmark.com/prescriptions</a>.</p>	Tier 1	\$10 <u>copay</u> per prescription	\$10 <u>copay</u> per prescription	<p>Drugs listed on Wellmark's Blue Rx Complete Drug List are covered. Drugs not on this Drug List are not covered. For out-of-<u>network</u> prescription drugs, you may be balance billed.</p> <p>1 <u>copay</u> for 30-day supply. 1 <u>copay</u> for 90-day supply (Retail and Mail order maintenance).</p> <p>\$0 <u>copay</u> for oral chemotherapy medications. \$0 <u>copay</u> applies to over-the-counter (OTC) medications when prescribed by a physician. \$0 <u>copay</u> applies to immunizations and flu vaccines obtained at a participating pharmacy under your drug card <u>plan</u>.</p> <p><u>Specialty drugs</u> are covered only when obtained through the Specialty Pharmacy Program. See <a href="http://wellmark.com/prescriptions">wellmark.com/prescriptions</a> for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your <u>plan</u>.</p>
	Tier 2	\$40 <u>copay</u> per prescription	\$40 <u>copay</u> per prescription	
	Tier 3	\$60 <u>copay</u> per prescription	\$60 <u>copay</u> per prescription	
	Tier 4	\$100 <u>copay</u> per prescription	\$100 <u>copay</u> per prescription	
	Specialty drugs	Same as cost-share above depending on drug category.	Not Covered	
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----
<p><b>If you need immediate medical attention</b></p>	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For <u>emergency medical conditions</u> treated out-of- <u>network</u> , you may be balance billed.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For covered non-emergent situations, out-of- <u>network</u> ambulance services are NOT reimbursed at the in- <u>network</u> level. The member may be balance billed for any out-of- <u>network</u> service.
	<u>Urgent care</u>	\$15 <u>copay</u> per date of service	30% <u>coinsurance</u>	-----None-----
<p><b>If you have a hospital stay</b></p>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Reduction for failure to precertify out-of- <u>network</u> services will not exceed \$500 per admission.
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-622-0005.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$15 <u>copay</u> per date of service Facility: 20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----
	Inpatient services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Reduction for failure to precertify out-of-network services will not exceed \$500 per admission.
If you are pregnant	Office visits	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply to certain preventive services. For any in-network services that fall outside of routine obstetric care, the office visit benefits shown above may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Limit of 100 days per calendar year.
	<u>Rehabilitation services</u>	Office: \$15 <u>copay</u> per date of service Facility: 20% <u>coinsurance</u>	30% <u>coinsurance</u>	Waive office <u>copay</u> and apply <u>deductible</u> and <u>coinsurance</u> to in-network inhalation/respiratory therapies and cardiac rehabilitation.
	<u>Habilitation services</u>	Office: \$15 <u>copay</u> per date of service Facility: 20% <u>coinsurance</u>	30% <u>coinsurance</u>	Waive office <u>copay</u> and apply <u>deductible</u> and <u>coinsurance</u> to in-network inhalation/respiratory therapies and cardiac rehabilitation.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Limit of 60 days per calendar year. Reduction for failure to precertify out-of-network services will not exceed \$500 per admission.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Trusses are covered.
	<u>Hospice services</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your [plan](#) document or call Wellmark at 1-800-622-0005.

Common Medical Event	Services You May Need	What You Will Pay In- <u>Network</u> (IN) <u>Provider</u> (You will pay the least)	What You Will Pay Out-of- <u>Network</u> (OON) <u>Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----None-----
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	-----None-----

For more information about limitations and exceptions, see your [plan](#) document or call Wellmark at 1-800-622-0005.

## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Custodial care - in home or facility
- Dental care - Adult
- Dental check-up
- Extended home skilled nursing
- Eye exam
- Glasses
- Hearing aids
- Infertility treatment
- Long-term care
- Routine eye care - Adult
- Routine foot care
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Applied Behavior Analysis therapy-covered subject to state mandate through age 18 subject to annual limits
- Chiropractic care
- Most coverage provided outside the U.S.
- Private-duty nursing - short term intermittent home skilled nursing (applies to home health care limit)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-622-0005.

### Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next page. \_\_\_\_\_

### Wellmark Blue Cross and Blue Shield of Iowa is an Independent Licensee of the Blue Cross and Blue Shield Association.

*This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.*

## About These Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$200
■ PCP <u>copayment</u>	\$15
■ Hospital(facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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**In this example, Peg would pay:**

Cost Sharing	
<u>Deductibles</u>	\$200
<u>Copayments</u>	\$80
<u>Coinsurance</u>	\$1,200
What isn't covered	
<b>Limits or exclusions</b>	<b>\$60</b>
<b>The total Peg would pay is</b>	<b>\$1,540</b>

### Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$200
■ <u>Specialist</u> <u>copayment</u>	\$15
■ Hospital(facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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**In this example, Joe would pay:**

Cost Sharing	
<u>Deductibles</u>	\$90
<u>Copayments</u>	\$1,400
<u>Coinsurance</u>	\$0
What isn't covered	
<b>Limits or exclusions</b>	<b>\$200</b>
<b>The total Joe would pay is</b>	<b>\$1,690</b>

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$200
■ <u>Specialist</u> <u>copayment</u>	\$15
■ Hospital(facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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**In this example, Mia would pay:**

Cost Sharing	
<u>Deductibles</u>	\$200
<u>Copayments</u>	\$80
<u>Coinsurance</u>	\$200
What isn't covered	
<b>Limits or exclusions</b>	<b>\$0</b>
<b>The total Mia would pay is</b>	<b>\$480</b>

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.



**DALLAS COUNTY'S EMPLOYEE ASSISTANCE PROGRAM  
NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

This notice is provided to participants of Dallas County's Employee Assistance Program ("Plan") and describes how the Plan may use and disclose your protected health information. This notice also explains your rights and our obligations with respect to your protected health information. Throughout this notice references to "us", "we" or "our" shall refer to the Plan. While this Plan is sponsored by Dallas County, Dallas County has contracted with Employee & Family Resources ("EFR") to administer the Plan in accordance with the plan documents and this Notice. As discussed below, only limited, non-identifying aggregate information is shared with Dallas County by EFR.

**Protected Information.** In the course of paying for health care services provided to you, information regarding your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present or future medical condition, receipt of health care or payment for health care ("Protected Information") is protected by federal and state law.

**Our Responsibilities.** Federal law imposes certain obligations and duties upon us as a health plan with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and the health plan's policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Information, if required by law to do so;
- Allow you to inspect and copy your Protected Information during our regular business hours;
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Honor your requested restrictions regarding the use and disclosure of your Protected Information unless under the law the Plan is authorized to release your Protected Information without your authorization, in which case you will be notified within a reasonable period of time;

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your Protected Information;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice and provide you with a copy of this notice at any time.

**How Your Protected Information May be Used and Disclosed.** Generally, your Protected Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule. The following are ways in which we may use or disclose your Protected Information without your written authorization.

*Treatment Purposes.* We may use or disclose your Protected Information for treatment purposes. It may be necessary for us to communicate with health care providers providing treatment to you to facilitate that treatment. For example, your health care provider may request information regarding whether a service will be covered.

*Payment Purposes.* Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that we may properly cover services provided to you. For example, we may disclose information a health care provider regarding whether you qualify for coverage under the Plan.

*Health Care Operations.* Your Protected Information may also be used for health care operations, which are necessary for the management of the Plan. For example, we may disclose information to our accountant if necessary for auditing purposes. We may at times remove information, which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the federal privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

*Plan Administrative Functions.* Limited information, such as enrollment and disenrollment information and summary health information, may be disclosed to your employer.

*Persons Involved with Your Care or Payment for Care.* We may disclose your Protected Information to family members or others that you identify as being involved in decisions about your health care or payment for your health care. Before doing so, we will provide you with an opportunity to object to such uses or disclosures or if you are not present we will disclose Protected Information that is directly relevant to the person's involvement with your care or payment related to your care if in the our professional judgment we determine it is in your best interest.

Authorized by Law. We may also use or disclosure your protected health information without your authorization as permitted or required by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, abuse reporting, law enforcement, workers compensation, organ donation, medical examiners and coroners, specialized government functions, to avert a serious threat to public health or safety, to comply with the law, and research purposes. Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law.

More Stringent Laws. Some of your Protected Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, and mental health information are given more protection under Iowa law and substance abuse information is given more protection under federal law. In the event your Protected Information is afforded greater protection under federal or Iowa law, we will comply with the more stringent law.

Other uses and disclosures of Protected Information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, we need your written authorization to disclose your Protected Information to an attorney who represents you. In addition, we never sell your Protected Information or share it for marketing purposes unless you have given us written permission to do so. If you provide us permission to use or disclose Protected Information about you, you may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission. In no event will we use your genetic information to decide whether you are eligible for coverage or the cost of coverage.

Your Rights. Federal law grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information;
- Request that certain uses and disclosures of your Protected Information be restricted; *provided, however*, if we may release the information without your consent or authorization, we have the right to refuse your request;
- Access to your Protected Information; *provided, however*, the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Information for the past six years;

- Revoke any prior authorizations or consents for use or disclosure of Protected Information, except to the extent that action has already been taken;
- Request communications of your Protected Information are done by alternative means or at alternative locations; and
- Notification of any breach of unsecured Protected Information relating to you.

**Important Contact Information.** This notice has been provided to you as a summary of how we will use your Protected Information and your rights with respect to your Protected Information. If you have any questions or for more information regarding your Protected Information, please contact our office at 515-993-6800

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting our office at 515-993-6800. You may also file a complaint with the Secretary of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington DC 20201, calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). There will be no retaliation for the filing of a complaint.

**Effective Date.** This notice becomes effective on December 1, 2019. Please note, we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained by contacting our office 515-993-6800 or on our website at <https://www.dallascountyiowa.gov> . If any revision to this notice is material, we will provide you a copy within 60 days of the revision.