



Important Notices

Federal laws require that Long Beach Unified School District (LBUSD) provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of health care plans. The following sections explain these rules; please read them carefully and keep them where you can find them.

Medicare Creditable Coverage Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 5 for more details.

Notice of Special Enrollment Rights for Health Plan Coverage

If you decline enrollment in a LBUSD medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a LBUSD medical plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in a LBUSD medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Women's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions, which apply for the plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the plan descriptions.

Newborns' and Mothers' Health Protection Act Notice

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

1. Restrict benefits for the length of hospital stay for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).
2. Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours).

For details on any state maternity laws that may apply to your medical plan, please refer to the benefits material for the medical plan in which you are enrolled.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

If you're an employee with medical, dental, vision, employee assistance program or health care flexible spending account coverage through LBUSD, you have the right to choose continuation coverage if you lose your group health coverage due to reduction in your hours of employment or the termination of your employment for reasons other than gross misconduct. Your eligible dependents may also have the right to elect and pay for continuation of coverage for a temporary period in certain circumstances where coverage under the plan would otherwise end, such as divorce, or dependent children who no longer meet eligibility requirements.

Important note: This brief summary of the right you and your dependents have to continue insurance is not intended as the official notice of your rights required by federal and state law. We've included this brief summary to inform you that you have these rights. You'll receive a separate, detailed explanation of your right to continue health insurance coverage when applicable. Specific information is also available from your HR representative.

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, 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 permit 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, you can 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 January 31, 2017. You should contact your state for further information on eligibility.

Alabama – Medicaid	Website: http://www.myalhipp.com Phone: 1-855-692-5447
Alaska – Medicaid	Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arizona – CHIP	Website: https://www.azahcccs.gov Phone (Outside Maricopa County): 1-800-654-8713 Phone (Maricopa County): 1-602-417-4000 Phone (Out-of-State): 1-800-523-0231
Arkansas — CHIP	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)
California – Medi-Cal	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-916-552-9200 (Medi-Cal eligibility line) Email: HIPP@dhcs.ca.gov (Health Insurance Premium Payment email)
Colorado – Medicaid	Website: http://www.colorado.gov/hcpf Phone: 1-800-221-3943
Florida – Medicaid	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
Georgia – Medicaid	Website: http://dch.georgia.gov/medicaid (Click Health Insurance Premium Payment (HIPP)) Phone: 1-678-564-1162

Idaho – Medicaid and CHIP	Website: http://healthandwelfare.idaho.gov/FoodCashAssistance/HealthCoverageAssistance/ tabid/2882/Default.aspx Phone: 1-877-456-1233
Indiana – Medicaid	Website: http://www.hip.in.gov (Health Indiana Plan for low-income adults 19-64) Phone: 1-877-438-4479 Website: http://www.indianamedicaid.com (All other Medicaid) Phone: 1-800-403-0964
Iowa – Medicaid	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
Kansas – Medicaid	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884 Phone (In-state): 1-785-296-3512
Kentucky – Medicaid	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
Louisiana – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 1) Phone: 1-888-342-6207
Maine – Medicaid	2) Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html 3) Phone: 1-800-442-6003 TTY: Maine relay 711
Massachusetts – Medicaid and CHIP	Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120
Minnesota – Medicaid	Website: http://mn.gov/dhs/ma/ Phone (Outside Twin City area): 1-800-657-3739 Phone (Twin City area): 1-651-431-2670
Missouri – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005
Montana – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
Nebraska – Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
Nevada – Medicaid	Website: http://dwss.nv.gov/ Phone: 1-800-992-0900
New Hampshire – Medicaid	Website: http://www.dhhs.nh.gov/oi/documents/hippapp.pdf Phone: 1-603-271-5218
New Jersey – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
New Mexico – Medicaid and CHIP	Medicaid & CHIP Website: http://www.hsd.state.nm.us/mad/index.html Medicaid & CHIP Phone: 1-888-997-2583
New York – Medicaid	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
North Carolina – Medicaid	Website: http://www.ncdhhs.gov/dma/medicaid/hipp.htm Phone: 1-919-855-4100 (Main office) Phone: 1-855-696-2447 (HIPP)
North Dakota – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
Oklahoma – Medicaid	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
Oregon – Medicaid and CHIP	Medicaid & CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Medicaid & CHIP Phone: 1-800-699-9075
Pennsylvania – Medicaid	4) Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
Rhode Island – Medicaid	Website: http://www.eohhs.ri.gov/ Phone: 1-401-462-5300
South Carolina – Medicaid	Website: http://www.scdhhs.gov Phone: 1-888-549-0820 (Member Information) Phone: 1-803-264-6838/6847 (HIPP line)
South Dakota – Medicaid	Website: http://dss.sd.gov Phone: 1-888-828-0059
Texas – Medicaid	Website: http://www.gethipptexas.com/ Phone: 1-800-440-0493

Utah – Medicaid and CHIP	Medicaid Website: http://health.utah.gov/medicaid CHIP Website: http://health.utah.gov/chip Phone: 1-866-435-7414 (DWS for Premium Payment Assistance) Medicaid Phone: 1-801-538-6155 CHIP Phone: 1-877-543-7669 (1-877-KIDSNOW)
Vermont – Medicaid	Website: http://www.greenmountaincare.org Phone: 1-800-250-8427
Virginia – Medicaid and CHIP	Medicaid & CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid & CHIP Phone: 1-855-242-8282
Washington – Medicaid	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/health-insurance-premium-program Phone: 1-800-562-3022, ext. 15473
West Virginia – Medicaid	Website: http://www.wvrecovery.com/hipp.asp Phone: 1-877-598-5820, HMS Third Party Liability
Wisconsin – Medicaid	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
Wyoming – Medicaid	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 1-307-777-7531

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

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

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

Important Notice from Long Beach Unified School District (LBUSD) About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the LBUSD medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2017 – 2018. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2017 – 2018 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with LBUSD and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the LBUSD prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2017 – 2018. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- Blue Shield of California HMO with Blue Shield Prescription Drug
- Blue Shield of California PPO \$aver with Blue Shield Prescription Drug (for active employees only)
- Blue Shield of California PPO with Express Scripts Prescription Drug
- Kaiser HMO

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop LBUSD coverage, Medicare will be your

only payer. You can re-enroll in the employer plan during Open Enrollment or if you have a special enrollment event for the LBUSD plan.

You should know that if you waive or leave coverage with LBUSD and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this LBUSD coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Date: May 1, 2017
Name: William Falvey
Title: Risk Management Benefits Administrator
Long Beach Unified School District
Address: 1515 Hughes Way
Long Beach, CA 90810
Phone: (562) 997-8624