

# 2019-2020 ANNUAL NOTICES

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01-02

Medicare Part D Notice

03

**Women’s Health and  
Cancer Rights Act**

**Newborns’ and  
Mothers’ Health  
Protection Act**

HIPAA Notice of  
Special Enrollment  
Rights

Availability of Privacy  
Practices Notices

04

Notice of Choice  
Providers

04-06

Premium Assistance  
Under Medical and the  
**Children’s Health  
Insurance Programs  
(CHIP)**

07

Paperwork Reduction  
Act Statement

# CONTENTS

For your convenience, we’ve provided this table of contents for two purposes:

**It provides you an overview of the document’s contents and organization and,**

It allows readers to go directly to a specific section of the online document.

# 01

## Medicare Part D Notice

### Important Notice From SAUSD About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the SAUSD and about your options under Medicare's prescription 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 plan 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 end of this notice.

### Two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1 Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or if you join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide a standard level of coverage set by Medicare. Some plans may offer more coverage for a higher monthly premium.
- 2 SAUSD has determined that the prescription drug coverage offered by our plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and it 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 lost 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 and cancel your current SAUSD drug coverage, be aware that you may not be able to get this coverage back.

Contact the SAUSD Employee Benefits Office for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

#### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should know that if you drop or lose your current coverage with SAUSD and do not 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 do 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 a Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the office listed on the following page for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SAUSD changes. You may also 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 available in the "Medicare & You" handbook. You will 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 (800) Medicare or (800) 633-4227, TTY users should call (877) 486-2048.

# Medicare Part D Notice (continued)

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 (800) 772-1213. TTY users should call (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, there, whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2019

Name of Entity: Santa Ana Unified School District

Contact: Employee Benefits Office

Address: 1601 East Chestnut Avenue, Santa Ana, California 92701-6322

Phone: (714) 558-5501

# The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their right to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending physician for:

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

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under our plans. If you would like more information on WHCRA benefits, call your plan administrator (Blue Shield of California or Kaiser Permanente).

## Newborn's and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth 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 mothers' or newborns' attending provider**, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator (Blue Shield of California or Kaiser Permanente).

## HIPAA Notice of Special Enrollment Rights for Medical/Health Plan Coverage

If you decline enrollment in an SAUSD health plan for your dependent (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a SAUSD health 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.
- **Lost Medicaid of 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 SAUSD's health plan if your dependent becomes 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 day 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 special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Santa Ana Unified School District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy by contacting Human Resources.

# Notice of Choice Providers

HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, your carrier will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier (Blue Shield of California or Kaiser Permanente) directly.

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these health premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, **your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call (866) 444-EBSA [3272].

### Alabama Medicaid

Website: <http://myalhipp.com>  
Phone: (855) 692-5447  
Email: [customerservice@myalhipp.com](mailto:customerservice@myalhipp.com)

### Arkansas Medicaid

Website: <http://myarhipp.com>  
Phone: (855) MyARHIPP [855-692-7447]  
Email: [customerservice@myarhipp.com](mailto:customerservice@myarhipp.com)

### Florida Medicaid

Website: <http://flmedicaidprecovery.com/hipp>  
Phone: (877) 357-3268  
Email: [customerservice@myflhipp@hms.com](mailto:customerservice@myflhipp@hms.com)

### Indiana Medicaid

Healthy Indiana Plan for Low-Income Adults Ages 19-64  
Website: <http://www.in.gov/fssa/hjp>  
Phone: (877) GetHIP9 [877-438-4479]

### All other Medicaid

Website: [www.indianamedicaid.com](http://www.indianamedicaid.com)  
Phone: (800) 403-0864

### Alaska Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com>  
Phone: (866) 251-4861  
Email: [customerservice@myakhipp.com](mailto:customerservice@myakhipp.com)

### Medicaid

Website: <http://dhss.alaska.gov/dpa/pages/medicaid/default.aspx>

### Colorado Medicaid & CHP+

Health First Colorado (Medicaid)  
Website: [www.colorado.gov/pacific/hcpf/colorado-medicaid](http://www.colorado.gov/pacific/hcpf/colorado-medicaid)  
Phone: (800) 221-3943 / State Relay 711

### CHP+

Website: [www.colorado.gov/hcpf/child-health-plan-plus](http://www.colorado.gov/hcpf/child-health-plan-plus)  
Phone: (800) 359-1991 / State Relay 711

### Georgia Medicaid

Website: <http://dch.georgia.gov/medicaid>  
(Click on Health Insurance Premium Payment)  
Phone: (404) 656-4507

### Iowa Medicaid

Website: <http://dhs.iowa.gov/ime/members/medical-a-to-z/hipp>  
Phone: (800) 346-9562

Premium Assistance Under Medicaid and the Children Health Insurance Program (CHIP)  
(continued)

Kansas **Medicaid**

Website: [www.kdheks.gov/hcf](http://www.kdheks.gov/hcf)  
Phone: (785) 296-3512

Louisiana **Medicaid**

Website: <http://dh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: (888) 695-2447  
Email: [medweb@la.gov](mailto:medweb@la.gov)

Massachusetts **Medicaid & CHIP**

Website: <http://mass.gov/eohhs/gov/departments/masshealth>  
Phone: (800) 862-4840

Missouri **Medicaid**

Website: [www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: (573) 751-2005

Nebraska **Medicaid**

Website: [www.acesnebraska.ne.gov](http://www.acesnebraska.ne.gov)  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

New Hampshire **Medicaid**

Website: [www.dhhs.nh.gov/ombp/nhhpp](http://www.dhhs.nh.gov/ombp/nhhpp)  
Phone: (603) 271-5218  
Hotline: NH Medicaid Service Center (888) 901-4999

New York **Medicaid**

Website: [www.health.ny.gov/health\\_care/medicaid](http://www.health.ny.gov/health_care/medicaid)  
Phone: (800) 541-2831

North Dakota **Medicaid**

Website: [www.nd.gov/dhs/services/medicalserv/medicaid](http://www.nd.gov/dhs/services/medicalserv/medicaid)  
Phone: (844) 854-4825  
Email: [dhsmed@nd.gov](mailto:dhsmed@nd.gov)

Oregon **Medicaid**

Website: [www.oregonhealthcare.gov/index-es.html](http://www.oregonhealthcare.gov/index-es.html)  
Phone: (800) 699-9075

Rhode Island **Medicaid**

Website: [www.eohhs.ri.gov](http://www.eohhs.ri.gov)  
Phone: (855) 697-4347

South Dakota **Medicaid**

Website: <https://dss.sd.gov>  
Phone: (888) 828-0059

Kentucky **Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: (800) 635-2570

Maine **Medicaid**

Website: [www.maine.gov/dhhs/ofi/public-assistance/index.html](http://www.maine.gov/dhhs/ofi/public-assistance/index.html)  
Phone: (800) 442-6003 / State Relay 711

Minnesota **Medicaid**

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>  
Phone: (800) 657-3739

Montana **Medicaid**

Website: <http://dphs.mt.gov/montanahealthcareprograms/hipp>  
Phone: (800) 694-3084

Nevada **Medicaid**

Website: <https://dhcfp.nv.gov>  
Phone: (800) 992-0900

New Jersey **Medicaid & CHIP**

**Medicaid**  
Website: [www.state.nj.us/humanservices/dmahs/clients/medicaid](http://www.state.nj.us/humanservices/dmahs/clients/medicaid)  
Phone: (609) 631-2392

**CHIP**

Website: [www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
Phone: (800) 701-0710

North Carolina **Medicaid**

Website: <https://dma.ncdhhs.gov>  
Phone: (919) 855-4100

Oklahoma **Medicaid & CHIP**

Website: [www.insureoklahoma.org](http://www.insureoklahoma.org)  
Phone: (888) 365-3742  
Email: [insureok@okhca.org](mailto:insureok@okhca.org)

Pennsylvania **Medicaid**

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
Phone: (866) 550-4355

South Carolina **Medicaid**

Website: [www.scdhhs.gov](http://www.scdhhs.gov)  
Phone: (888) 549-0820  
Email: [info@scdhhs.gov](mailto:info@scdhhs.gov)

Texas **Medicaid**

Website: <http://gethipptexas.com>  
Phone: (800) 440-0493



## Premium Assistance Under Medicaid and the Children Health Insurance Program (CHIP) (continued)

### Utah Medicaid & CHIP

#### Medicaid

Website: <https://medicaid.utah.gov>

Phone: (877) 543-7669

#### CHIP

Website: <http://health.utah.gov/chip>

Phone: (877) 543-7669

Email: [chip@utah.gov](mailto:chip@utah.gov)

### Virginia Medicaid & CHIP

#### Medicaid

Website: [www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

Phone: (800) 432-5924

#### CHIP

Website: [www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

Phone: (855) 242-87282

### West Virginia Medicaid

Website: <http://mywvhipp.com>

Phone: (855) MyWVHIPP [855-699-8447]

Email: [customerservice@mywvhipp.com](mailto:customerservice@mywvhipp.com)

### Wyoming Medicaid

Website: <https://wyequalitycare.acs-inc.com>

Phone: (307) 777-7531

### Vermont Medicaid

Website: [www.greenmountaincare.org](http://www.greenmountaincare.org)

Phone: (800) 250-8427

### Washington Medicaid

Website: [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)

Phone: (800) 562-3022 Ext. 15473

Email: [askmedicaid@hca.wa.gov](mailto:askmedicaid@hca.wa.gov)

### Wisconsin Medicaid

Website: [www.dhs.wisconsin.gov/publications/p1/p10095.pdf](http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf)

Phone: (800) 362-3002

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

U.S. Department of Labor

#### Employee Benefits Administration

Website: [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

Phone: (866) 444-EBSA [866-444-3272]

U.S. Department of Health and Human Services

#### Centers for Medicare & Medicaid Services

Website: [www.cms.hhs.gov](http://www.cms.hhs.gov)

Phone: (877) 267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provision or law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interest parties are encouraged to send comments regarding the burden estimate to any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue N.W., Room N-5718, Washington DC, 20210 or email [ebsa opr@dol.gov](mailto:ebsa opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)