



2021-2022 Academic Year

Annual Notices

Benefits Annual Notices Brochure

Santa Ana Unified School District
Employee Benefits Office

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benefits@sausd.us

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www.sausd.us/benefits

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1. To provide you an overview of the document's contents and organization.
2. To allow you to go directly to a specific section of your brochure.

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2021-2022 Annual Notices

Important notice from SAUSD about your prescription coverage and Medicare

Medicare Part D Notice

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

If you are considering joining Medicare's prescription coverage you should compare your current SAUSD coverage including, which drugs are covered and at what cost those drugs are covered, with the coverage

and costs of the Medicare prescription plan coverage in your area. Information about where you can get help to make decisions about your prescription coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get Medicare's drug plan 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 have a standard coverage level set by Medicare. Some plans may offer more coverage for a higher monthly premium.
2. SAUSD has determined that the prescription coverage offered by our plans are, on average, expected to pay out as much as a standard Medicare prescription plan pays therefore SAUSD's prescription coverage is considered "Creditable Coverage". Because our prescription coverage is "Creditable Coverage", you can keep our coverage and not pay a higher premium (a penalty) to Medicare if you decide to join a Medicare prescription plan later.

When you can join a Medicare drug plan

You can join a Medicare Drug plan when you first become eligible for Medicare and during Medicare's Open Enrollment each year from October 15th through December 7th. If you lose your current creditable prescription 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 decide to join a Medicare drug plan?

If you join a Medicare prescription plan, you cancel your current SAUSD prescription plan. Be aware that you may not be able to get SAUSD's coverage back. Contact the SAUSD Employee Benefits Office for more information about what happens to your coverage if you enroll in a Medicare prescription plan.

You will have to pay a higher premium (penalty) to join a Medicare drug plan if...

You drop or lose your SAUSD prescription coverage and do not join a Medicare prescription plan within 63 continuous days after your SAUSD prescription coverage ends.

If you go 63 continuous days or longer without creditable prescription coverage, your monthly premium may go up by at least 1% of the Medicare base 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 be at least 19% higher than the Medicare base premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription coverage. You may also have to wait until the following October to join.

For more information about this notice, or your current prescription coverage contact the SAUSD Benefits Office. **Note:** This notice will be available to you each year, before the next period you can join a Medicare prescription plan, and if this coverage through SAUSD changes. You may also request a copy of this notice at any time.

More information about your options under Medicare prescription plans 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 coverage visit www.medicare.gov, call your State Health Insurance Assistance Program for personalized help (refer to the inside back cover of your copy of the "Medicare & You" handbook for their contact information), or call 1-800-MEDICARE [1 (800) 633-4227], TTY users should call (877) 846-2048.

If you have limited income and resources, extra help paying for Medicare prescription coverage is available. For information about this extra help, visit Social Security's website at 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 prescription plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2021
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 Care and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) requires employer to notify participants and beneficiaries of the group's health plan, of their right to mastectomy benefits under our 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 deductibles and co-payments that apply to other medical and surgical procedures 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

Under Federal law, group health plans and health insurance issuers generally may not 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 of 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 you 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 SAUSD's Human Resources department.

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 directly (Blue Shield of California or Kaiser Permanente).

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.

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 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 or call **(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, 2021. Contact your State for more information on eligibility.

Alabama Medicaid Website: http://myalhipp.com Phone: 1-855-692-5447	Florida Medicaid Website: https://www.flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268	Kentucky Medicaid Kentucky Integrated Health Insurance Premium Payment Website: https://chfs.ky.gov/ Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Medicaid Website: https://chfs.ky.gov
Alaska Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://dhss/alaska.gov/	Georgia Medicaid Website: https://medicaid.georgia.gov/ Phone: 678-564-1162 Extension 2131 Indiana Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid Phone: 1-800-457-4584	Louisiana Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid) 1-855-618-5488 (LaHIPP)
Arkansas Medicaid Website: http://myarhipp.com Phone: 1-855-MyARHIPP (855) 692-7447	Iowa CHIP & Medicaid (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	Maine Medicaid Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 / State Relay 711
California Medicaid Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Colorado CHIP & Medicaid Health First Colorado Website: https://www.healthfirstcolorado.com Phone: 1-800-212-3943 / State relay 711 CHP+ Website: https://www.colorado.gov/ Phone: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI) Website: https://www.colorado.gov/ Phone: 1-855-692-6442	Massachusetts CHIP & Medicaid Website: https://www.mass.gov/ Phone: 1-800-862-4840
	Kansas Medicaid Website: https://www.kancare.ks.gov Phone: 1-800-792-4884	Minnesota Medicaid Website: https://mn.gov/dhs/people-we-serve/ Phone: 1-800-657-3739
	Missouri Medicaid Website: http://www.dss.mo.gov/ Phone: 573-751-2005	

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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://dhcfp.nv.gov>
 Phone:
 1-800-992-0900

New Hampshire Medicaid

Website:
<https://www.dhhs.nh.gov/oii/hipp.htm>
 Phone:
 1-800-852-3345 Extension 5218

New Jersey CHIP & Medicaid

Medicaid
 Website:
<http://www.state.nj.us/>
 Phone:
 609-631-2392

CHIP

Website:
<http://www.nifamilycare.org/index.html>
 Phone:
 1-800-701-0710

New York Medicaid

Website:
https://www.health.ny.gov/health_care/medicaid
 Phone:
 1-800-541-2831

North Carolina Medicaid

Website:
<https://medicaid.ncdhhs.gov>
 Phone:
 919-855-4100

North Dakota Medicaid

Website:
<http://www.nd.gov/dhs/services/medicalserv/medicaid>
 Phone:
 1-844-854-4825

Oklahoma CHIP & Medicaid

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

Oregon Medicaid

Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
 Phone:
 1-800-699-9075

Pennsylvania Medicaid

Website:
<https://www.dhs.pa.gov/>
 Phone:
 1-800-692-7462

Rhode Island CHIP & Medicaid

Website:
<http://www.eohhs.ri.gov>
 Phone:
 1-855-697-4347 or 401-462-0311

South Carolina Medicaid

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

South Dakota Medicaid

Website:
<http://dss.sd.gov>
 Phone:
 1-888-825-0059

Texas Medicaid

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

Utah CHIP & Medicaid

Medicaid
 Website:
<https://medicaid.utah.gov>
CHIP
 Website:
<http://health.utah.gov/chip>
 Phone:
 1-877-543-7669

Vermont Medicaid

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

Virginia CHIP & Medicaid

Medicaid
 Website:
<https://www.coverva.org/hipp>
 Phone:
 1-800-432-5924
CHIP
 Phone:
 1-800-562-3022

Washington Medicaid

Website:
<https://www.hca.wa.gov>
 Phone:
 1-800-562-3022

West Virginia Medicaid

Website:
<http://mywvhipp.com>
 Phone:
 1-855-MyWVHIPP (1-855-699-8447)

Wisconsin CHIP & Medicaid

Website:
<https://www.dhs.wisconsin.gov/>
 Phone:
 1-800-362-3002

Wyoming Medicaid

Website:
<https://health.wyo.gov/>
 Phone:
 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

US Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (1-866-444-3272)

US Department of Health and Human Services

Center for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323 Option 4 Extension 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 the 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 provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does 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. Interested parties are encouraged to send comments regarding the burden estimate or 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 and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2023)