



PLAN YEAR 2018-2019

CITY OF BROWNSVILLE
INITIAL NOTICES

Group Benefits Administrator:
TML MULTISTATE INTERGOVERNMENTAL EMPLOYEE BENEFITS POOL (IEBP)
1821 Rutherford Lane, Suite 300
Austin, Texas 78754-5151

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CITY OF BROWNSVILLE 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.

The City of Brownsville's Employee Health Plan ("Plan") is required by law to keep your health information private and to notify you if the Plan or one of its business associates breaches the privacy or security of your unsecured, identifiable health information. This notice tells you about the Plan's legal duties connected to your health information. It also tells you how the Plan protects the privacy of your health information. The Plan must use and share your health information to pay benefits to you and your health care providers. The Plan has physical, electronic, and procedural safeguards that protect your health information from inappropriate or unnecessary use or sharing.

Is all my health information protected?

Your individually identifiable health information that the Plan transmits or maintains in writing, electronically, orally, or by any other means is protected. This includes information that the Plan creates or receives and that identifies you and relates to your participation in the Plan, your physical or mental health, your receipt of health care services, and payment for your health care services.

How does the Plan use and share my health information?

The Plan's most common use of health information is for its own treatment, payment, and health care operations. The Plan also may share your health information with health care providers, other health plans, and health care clearinghouses for their treatment, payment, and health care operations (Health care clearinghouses are organizations that help with electronic claims.). The Plan also may share your health information with a Plan business associate if the business associate needs the information to perform treatment, payment, or health care operations on the Plan's behalf. For example, your health benefits include a retail and mail order pharmacy network. The Plan must share information with the pharmacy network about your eligibility for benefits. Health care providers, other health plans, health care clearinghouses, and Plan business associates are all required to maintain the privacy of any health information they receive from the Plan. The Plan uses and shares the smallest amount of your health information that it needs to administer your health plan.

What are treatment, payment, and health care operations?

Treatment is the provision, coordination, or management of health care and related services. For example, your health information is shared for treatment when your family doctor refers you to a specialist.

Payment includes Plan activities such as billing, claims management, subrogation, plan reimbursement, reviews for appropriateness of care, utilization review, and prior notification of health care services. For example, the Plan may tell a doctor if you are covered under the Plan and what part of the doctor's bill the Plan will pay.

Health care operations include quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, and other activities necessary to create or renew health plans. It also includes disease management, Medical Intelligence, conducting or arranging for medical review, legal services, auditing functions including fraud and abuse compliance programs, business planning and development, business management, and general administrative activities.

For example, the Plan may use information from your claims to contact you about treatment alternatives or other health-related benefits and services that may be of interest to you. Please note that while IEBP may use and share your health information for underwriting, IEBP is prohibited from using or sharing any of your genetic information for underwriting.

How else does the Plan share my health information?

The Plan may share your health information, when allowed or required by law, as follows:

- Directly with you or your personal representative. A personal representative is a person who has legal authority to make health care decisions for you. In the case of a child under eighteen (18) years of age, the child's personal representative may be a parent, guardian, or conservator.
- In the case of an adult who cannot make his own medical decisions, a personal representative may be a person who has a medical power of attorney.

- With the Secretary of the U.S. Department of Health and Human Services to investigate or determine the Plan's compliance with federal regulations on protecting the privacy and security of health information.
- With your family member, other relative, close personal friend, or other person identified by you who is involved directly in your care. The Plan will limit the information shared to what is relevant to the person's involvement in your care and, except in the case of an emergency or your incapacity, you will be given an opportunity to agree or to object to the release of your health information.
- For public health activities.
- To report suspected abuse, neglect, or domestic violence to public authorities.
- To a public oversight agency.
- When required for judicial or administrative proceedings.
- When required for law enforcement purposes.
- With organ procurement organizations or other organizations to facilitate organ, eye, or tissue donation or transplantation.
- With a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties required by law.
- With a funeral director when permitted by law and when necessary for the funeral director to carry out his duties with respect to the deceased person.
- To avert a serious threat to health or safety.
- For specialized government functions, as required by law.
- When otherwise required by law.
- Information that has been de-identified. This means that the Plan has removed all your identifying information and it is reasonable to believe that the organization receiving the information will not be able to identify you from the information it receives.

Can I keep the Plan from using or sharing my health information for any of these purposes?

You have the right to make a written request that the Plan not use or share your health information, unless the use or release of information is required by law. However, since the Plan uses and shares your health information only as necessary to administer your health plan, the Plan does not have to agree to your request.

Are there any other times when the Plan may use or share my health information?

The Plan may not use or share your health information for any purpose not included in this notice, unless the Plan first receives your written authorization. To be valid, your authorization must include: the name of the person or organization releasing your health information; the name of the person or organization receiving your health information; a description of your health information that may be shared; the reason for sharing your health information; and an end date or end event when the authorization will expire.

You may revoke or take back any authorization that you make. Your request to revoke your authorization must be in writing and will not apply to any information shared before IEBP receives your request.

The plan must always have your written authorization to:

- Use or share psychotherapy notes, unless the Plan is using or sharing the psychotherapy notes to defend itself in a legal action or other proceeding brought by you.
- Use or share your identifiable health information for marketing, except for: (1) a face-to-face communication from the Plan, or one its business associates, to you; or (2) a promotional gift of nominal value given by the Plan, or one its business associates, to you.
- Sell your identifiable health information to a third party.

You may revoke or take back any authorization that you make. Your request to revoke your authorization must be in writing and will not apply to any information shared before the Plan receives your request.

Can I find out if my health information has been shared with anyone?

You may make a written request to the Plan's Privacy Officer for a list of any disclosures of your health information made by the Plan during the last six (6) years. The list will not include any disclosures made for treatment, payment or health care operations; any disclosures made directly to you; any disclosures made based on your written authorization; any disclosures reported on a previous list; or any disclosures reported on a previous list.

Generally, the Plan will send the list within sixty (60) days of the date the Plan receives your written request. However, the Plan is allowed an additional thirty (30) days if the Plan notifies you, in writing, of the reason for the delay and notifies you of the date by which you can expect the list.

If you request more than one list within a twelve (12)-month period, the Plan may charge you a reasonable, cost-based fee for each additional list.

Can I view my health information maintained by the Plan?

You may make a written request to inspect, at the Plan's offices, your enrollment, payment, billing, claims, and case or medical management records that the Plan maintains. You also may request paper copies of your records. If you request paper copies, the Plan may charge you a reasonable, cost-based fee for the copies. Requests to view your health information should be made in writing to:

City of Brownsville
Attn: Safety & Risk Management
PO Box 911
Brownsville, TX 78522-0911

If I review my health information and find errors, how do I get my records corrected?

You may request that the Plan correct any of your health information that it creates and maintains. All requests for correction must be made to the Plan's Privacy Officer, must be in writing, and must include a reason for the correction. Please be aware that the Plan can correct only the information that it creates.

If your request is to correct information that the Plan did not create, the Plan will need a statement from the individual or organization that created the information explaining an error was made. For example, if you request a claim be corrected because the diagnosis is incorrect, the Plan will correct the claim if the Plan (or its business associate) made an error in the data entry of the diagnosis.

However, if your health care provider submitted the wrong diagnosis to the Plan, the Plan cannot correct the claim without a statement from your health care provider that the diagnosis is incorrect.

The Plan has sixty (60) days after it receives your request to respond. If the Plan is not able to respond, it is allowed one (1) thirty (30)-day extension. If the Plan denies your request, either in part or in whole, the Plan will send you a written explanation of its denial. You may then submit a written statement disagreeing with the Plan's denial and have that statement included in any future disclosures of the disputed information.

I'm covered as a dependent and do not want any of my health information mailed to the covered employee's address. Will you do that?

If mailing communications to the covered employee's address would place you in danger, the Plan will accommodate your request to receive communications of health information by alternative means or at alternative locations. Your request must be reasonable, must be in writing, must specify an alternative address or other method of contact, and must include a statement that sending communications to the covered employee's address would place you in danger. Please be aware that the Plan is required to send the employee any payment for a claim that is not assigned to a health care provider, except under certain medical child support orders.

If I believe my privacy rights have been violated, how do I make a complaint?

If you believe your privacy rights have been violated, you may make a complaint to the Plan.

In writing:

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Also, you may file a complaint with the U.S. Department of Health and Human Services. The Plan will not retaliate against you for filing a complaint.

When were the privacy practices described in this notice effective?

This privacy notice was effective September 1, 2018, and it replaced any privacy notice issued by the Plan before that date.

Can the Plan change its privacy practices?

The Plan is required by law to follow the terms of its privacy notice currently in effect. The Plan reserves the right to change its privacy practices and to apply the changes to any health information the Plan received or maintained before the effective date of the change. The Plan will distribute any revised notice to covered employees, either by hand or by mail, before the effective date of the revised notice.

What happens to my health information when I leave the plan?

The Plan is required to maintain your records for at least six (6) years after you leave the Plan. However, the Plan will continue to maintain the privacy of your health information even after you leave the Plan.

How can I get a paper copy of this notice?

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Who can I contact for more information on my privacy rights?

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What steps does IEBP take to protect my information?

Because IEBP believes that protecting your health information is of the highest priority, IEBP takes the following steps to ensure that your health information remains confidential:

Business Associate Agreements - IEBP follows the requirements of federal law and makes sure that any IEBP business associate who receives your personal health information signs a written agreement to protect your health information.

Encryption of Health Data - IEBP encrypts your health information that is sent electronically (for example, over the Internet) so that no one who is not supposed to can view your health information. To make sure that only the people who need your health information to administer your health plan benefits are able to see it, IEBP reviews the list of people who are allowed to view your personal health information on a regular basis.

Independent Review - IEBP periodically employs an independent security company to review and test IEBP's security controls to make sure they meet the requirements of federal law. The independent security company provides certified security professionals to conduct the review.

Use of Health Information - IEBP's Privacy & Security Officer reviews the use of personal health information by IEBP to ensure that it complies with both federal law and with IEBP's own privacy policies.

How does IEBP use and share my health information?

IEBP's most common use of health information is for its own treatment, payment, and health care operations. IEBP also may share your health information with health care providers, other health plans, and health care clearinghouses for their treatment, payment, and health care operations (Health care clearinghouses are organizations that help with electronic claims.). IEBP also may share your health information with an IEBP business associate if the business associate needs the information to perform treatment, payment, or health care operations on IEBP's behalf.

For example, if your health plan includes a retail and mail order pharmacy network, IEBP must share information with the pharmacy network about your eligibility for benefits. Health care providers, other health plans, health care clearinghouses, and IEBP business associates are all required to maintain the privacy of any health information they receive from IEBP. IEBP uses and shares the smallest amount of your health information that it needs to administer your health plan.

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- In the case of an adult who cannot make his own medical decisions, a personal representative may be a person who has a medical power of attorney.
- With the Secretary of the U.S. Department of Health and Human Services to investigate or determine IEBP's compliance with federal regulations on protecting the privacy and security of health information.
- With your family member, other relative, close personal friend, or other person identified by you who is involved directly in your care. IEBP will limit the information shared to what is relevant to the person's involvement in your care and, except in the case of an emergency or your incapacity, you will be given an opportunity to agree or to object to the release of your health information.
- For public health activities.
- To report suspected abuse, neglect, or domestic violence to public authorities.
- To a public oversight agency.
- When required for judicial or administrative proceedings.
- When required for law enforcement purposes.
- With organ procurement organizations or other organizations to facilitate organ, eye, or tissue donation or transplantation.
- With a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties required by law.
- With a funeral director when permitted by law and when necessary for the funeral director to carry out his duties with respect to the deceased person.
- To avert a serious threat to health or safety.
- For specialized government functions, as required by law.
- When otherwise required by law.
- Information that has been de-identified. This means that IEBP has removed all your identifying information and it is reasonable to believe that the organization receiving the information will not be able to identify you from the information it receives.

Can I keep IEBP from using or sharing my health information for any of these purposes?

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- Use or share your identifiable health information for marketing, except for: (1) a face-to-face communication from IEBP or one its business associates to you; or (2) a promotional gift of nominal value given by IEBP or one its business associates to you.
- Sell your identifiable health information to a third party.

Will IEBP share my health information with my employer?

IEBP shares summary health information with the employer who sponsors your group health plan. Employers need this information to get bids from other health plans or to make decisions to modify, amend, or terminate the IEBP group health plan. Summary health information summarizes the claims history, claims expenses, or type of claims experienced by the entire group of people covered under a health plan. Summary health information does not include any information that identifies you, such as your name, social security number, or date of birth.

Also, IEBP shares with the employer who sponsors your group health plan information on whether you are enrolled in IEBP's group health plan or if you recently added, changed, or dropped coverage.

Can I find out if my health information has been shared with anyone?

You may make a written request to IEBP's Privacy and Security Officer for a list of any disclosures of your health information made by IEBP during the last six (6) years. The list will not include any disclosures made for treatment, payment, or health care operations; any disclosures made directly to you; any disclosures made based on your written authorization; or any disclosures reported on a previous list.

Generally, IEBP will send the list within sixty (60) days of the date IEBP receives your written request. However, IEBP is allowed an additional thirty (30) days if IEBP notifies you, in writing, of the reason for the delay and notifies you of the date by which you can expect the list.

If you request more than one list within a twelve (12)-month period, IEBP may charge you a reasonable, cost-based fee for each additional list.

Can I view my health information maintained by IEBP?

You may make a written request to inspect, at IEBP's offices, your enrollment, payment, billing, claims, and case or medical management records that IEBP maintains. You also may request paper copies of your records. If you request paper copies, IEBP may charge you a reasonable, cost-based fee for the copies.

Requests to view your health information should be made in writing to:

TML MultiState IEBP
ATTN: Privacy and Security Officer
1821 Rutherford Lane, Suite 300
Austin, Texas 78754-5151

If I review my health information and find errors, how do I get my records corrected?

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Please be aware that IEBP can correct only the information that it creates. If your request is to correct information that IEBP did not create, IEBP will need a statement from the individual or organization that created the information explaining an error was made. For example, if you request a claim be corrected because the diagnosis is incorrect, IEBP will correct the claim if IEBP made an error in the data entry of the diagnosis. However, if your health care provider submitted the wrong diagnosis to IEBP, IEBP cannot correct the claim without a statement from your health care provider that the diagnosis is incorrect.

IEBP has sixty (60) days after it receives your request to respond. If IEBP is not able to respond, it is allowed one (1) thirty (30)-day extension. If IEBP denies your request, either in part or in whole, IEBP will send you a written explanation of its denial.

You may then submit a written statement disagreeing with IEBP's denial and have that statement included in any future disclosures of the disputed information.

I'm covered as a dependent and do not want any of my health information mailed to the covered employee's address. Will you do that?

If mailing communications to the covered employee's address would place you in danger, IEBP will accommodate your request to receive communications of health information by alternative means or at alternative locations. Your request must be reasonable, must be in writing, must specify an alternative address or other method of contact, and must include a statement that sending communications to the covered employee's address would place you in danger.

Please be aware that IEBP is required to send the employee any payment for a claim that is not assigned to a health care provider, except under certain medical child support orders.

If I believe my privacy rights have been violated, how do I make a complaint?

If you believe your privacy rights have been violated, you may make a complaint to IEBP.

Write to: TML MultiState IEBP
 ATTN: Privacy and Security Officer
 1821 Rutherford Lane, Suite 300
 Austin, Texas 78754-5151

Also, you may file a complaint with the U.S. Department of Health and Human Services. IEBP will not retaliate against you for filing a complaint.

When are the privacy practices described in this notice effective?

This privacy notice has an effective date of September 1, 2018.

Can IEBP change its privacy practices?

IEBP is required by law to follow the terms of its privacy notice currently in effect. IEBP reserves the right to change its privacy practices and to apply the changes to any health information IEBP received or maintained before the effective date of the change. IEBP will maintain its current privacy notice on its website at: www.iebp.org. If a revision is made during your plan year, IEBP will post the revised notice to its website on the date the new notice goes into effect. You will receive a paper copy of the revised privacy notice before the start of your next plan year.

What happens to my health information when I leave the plan?

IEBP is required to maintain your records for at least six (6) years after you leave IEBP's group health plan. However, IEBP will continue to maintain the privacy of your health information even after you leave the plan.

How can I get a paper copy of this notice? Who can I contact for more information on my privacy rights?

To request that IEBP mail you a paper copy of this notice, call (800) 282-5385.

Write to: TML MultiState IEBP
 ATTN: Privacy and Security Officer
 1821 Rutherford Lane, Suite 300
 Austin, Texas 78754-5151

SPECIAL ENROLLMENT NOTICE

If you do not enroll yourself or an eligible dependent in the City of Brownsville's medical plan because you or your dependent has other medical coverage, you may enroll in the medical plan at a later date if you or your dependent **loses** coverage (a qualifying event) under the other medical plan. To enroll in a medical plan, the loss of other coverage must be due to loss of eligibility for coverage or because the employer who sponsors the other plan stops contributing toward the cost of you or your dependent's coverage. Also, you must request enrollment in the medical plan within thirty-one (31) days of the date you or your dependent's other coverage ends. In general, the person with the qualifying event is not the only individual who can be enrolled in the City of Brownsville's medical plan as a result of this special enrollment opportunity.

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the medical plan if you request enrollment within thirty-one (31) days of the date of the marriage, birth, adoption, or placement for adoption.

If you or a dependent becomes eligible for payment assistance through Medicaid or CHIP with the cost of coverage under a City of Brownsville medical plan, you and your plan-eligible dependents will be able to enroll in a City of Brownsville medical plan. You must request coverage within sixty (60) days of the date you or your dependent becomes eligible for payment assistance.

To request special enrollment or for more information about special enrollment opportunities, call IEBP's customer care staff at (800) 282-5385.

INITIAL NOTICE OF BENEFITS FOR WELLNESS SERVICES

PREVENTIVE CARE/WELLNESS BENEFIT

Routine checkups for the purpose of monitoring health, tests, and procedures are listed below. The routine procedures will be reimbursed per the Summary of Benefits and Coverage, subject to usual and customary charges. The provider administration cost of immunization is also covered. To be considered under this benefit, the provider's bill **must** designate a routine diagnosis code. **This routine list is a guideline but is not an all-inclusive list. This benefit excludes coverage for virtual colonoscopies.**

TESTS/PROCEDURES

- Routine Physical
- Routine Venipuncture
- Routine Hearing Exam
- Routine Vision Exam (*refractions are not covered*)
- Breast cancer annual chemoprevention counseling for women at high risk
- Genetic Counseling for BRCA testing
- BRCA testing for women with or without any history of BRCA related cancer
- General Health Panel
- Coronary Risk Profile (lipid panel)
- Urinalysis
- (TB) Tuberculosis test
- Handling of specimen to/from physician's office to a laboratory
- Occult Stool Test
- Chest X-Ray (front & lateral)
- ECG (electrocardiogram)
- Digital Rectal Exam
- Bone Density Screening
- Skin Cancer Counseling
- Autism Screening – eighteen (18) and twenty-four (24) months of age
- Developmental Screening for Children under three (3) years of age
- Mammogram
- PSA (Prostate Specific Antigen test)

IMMUNIZATIONS/INOCULATIONS – ALL AGES

- DT (Diphtheria and Tetanus Toxoids)
- Td (Tetanus) booster
- MMR (Measles, Mumps, Rubella)
- MMR booster
- Poliomyelitis Vaccine
- Oral Polio
- Varicella Vaccine (Chicken Pox)
- Influenza
- Hepatitis B
- Pneumococcal
- Pneumovax (Pneumonia)

-
- Pediarix (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B (Recombinant) and Inactivated Poliovirus Vaccine Combined)
 - HIB (Haemophilus influenza B)
 - Small Pox immunizations
 - Shingles Vaccine (Shingrix)
 - Rotavirus
 - Human Papillomavirus (HPV) vaccinations

COLORECTAL EXAMINATION

Coverage for the medically recognized screening examination for the detection of colorectal cancer for covered individuals at any age who have a personal or family history of polyps (or colon cancer) or who are at normal risk for developing colon cancer. This benefit includes expenses incurred while conducting a medically-recognized screening examination for the detection of colorectal cancer. In addition, the Colorectal Examination benefit will also apply for the first non-routine colorectal exam claim received during the five/ten (5/10)-year time period as noted below.

This includes annual fecal occult blood tests and a flexible sigmoidoscopy performed every five (5) years with a family or personal history of polyps (or colon cancer) or a colonoscopy performed every ten (10) years. This benefit excludes coverage for virtual colonoscopies.

This plan will also cover more frequent colonoscopies, sigmoidoscopies, and fecal occult blood tests for all covered individuals at any age, with no limits at regular plan benefits, including when they are billed with a non-routine diagnosis. This includes when they are billed with a diagnosis of personal or family history of polyps (or colon cancer).

NOTICE OF BENEFITS FOR MASTECTOMY AND BREAST RECONSTRUCTION

The Plan pays for evidence-based initial mastectomy/lumpectomy and reconstructive oncology surgery of affected and non-affected breast. Eligible benefits include the initial non-cosmetic removal and replacement of prosthetics due to complications. Reconstructive surgery includes tissue expanders, breast implants, nipple reconstruction, and nipple tattooing.

If you would like more information on benefits for mastectomy or breast reconstruction, call IEBP's customer care staff at (800) 282-5385.

INITIAL NOTICE OF MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM

PREMIUM ASSISTANCE SUBSIDY

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 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, you can contact your state Medicaid or CHIP office, or dial **1-877-KIDS NOW**, or go to 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 for an employer-sponsored health 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 sixty (60) days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Centers for Medicare & Medicaid Services electronically at www.cms.gov or by calling toll-free (877) 267-2323, ext. 61565.

If you live in one of the following states, you may be eligible for assistance paying for coverage under your employer health plan. The following list of states is current as of August 10, 2017. Contact your state for further information.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218

KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 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/agencies/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