HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA) Privacy of Health Information

A federal law known as the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** requires group health plans to protect the confidentiality of your private health information. Information that is protected by HIPAA *("protected health information* ") includes information that may identify you and relates to health care services that you receive, payment for services, or your physical or mental health or condition. The privacy provisions of HIPAA will apply to the medical, dental and health care flexible spending account benefit plans.

The benefit plans and Tompkins County, as the plan sponsor of such benefit plans, will not use or further disclose protected health information except as necessary for treatment, payment, health plan operations, and plan administration, or as otherwise permitted or required by applicable law. By law, the benefit plans will require all of its business associates (and their subcontractors) to also observe HIPAA's privacy rules. In particular, the benefit plans will not, without your authorization, use or disclose protected health information for employment related actions and decisions or in connection with any other benefit or employee benefit plan of the University. You will be notified if there is ever a breach of your protected health information. In general, a *"breach"* occurs if there is an unauthorized acquisition, access, use,· or disclosure that compromises the security of your protected health information.

Under HIPAA, you have certain rights with respect to your protected health information, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the applicable benefit plan or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated. The benefit plans maintain a privacy notice, which provides a complete description of your rights under HIPAA's privacy rules.

CERTIFICATES OF COVERAGE

A Federal law, HIPAA, requires employers to provide certificates of coverage to all former employees, who then can give the certificates to their new employers. If you or your dependents obtain new employment, you may request a certificate of coverage which describes the length and types of benefits coverage (e.g., medical, dental, etc.) you and your dependents had under the County's Program. You may request a HIPAA Certificate of Coverage by submitting a request to the Tompkins County Office of Human Resources.

SECURITY OF HEALTH INFORMATION

HIPAA also includes security rules for electronic health information. Tompkins County has implemented safeguards to protect the confidentiality, integrity and availability of electronic protected health information, implement security measures to ensure adequate separation between Tompkins County and the benefit plans, and ensure that any agent to whom it provides electronic protected health information also agrees to implement security measures. Tompkins County will report to the benefit plans any security incident of which it becomes aware involving electronic protected health information.

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 special enrollment rights also may exist in the following circumstances: If you or your dependents experience a loss of eligibility for Medicaid or a State Children's Health Insurance Program (SCHIP) coverage and you request enrollment within 60 days after that coverage ends; or if you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a SCHIP program with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT-USERRA

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

MILITARY SERVICE HEALTH INSURANCE PROTECTION

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while serving in the military.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion ofthe stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other healthcare provider obtain authorization for prescribing a length of stay up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification. For information, contact your plan administrator.

NOTICE OF WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, the group health plan benefits options offered here provide coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymph edemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Patient Protection and Affordable Care Act (PPACA)

- Health plans must cover routine patient costs for care received as part of a clinical trial.
- Cost-sharing for certain preventive health care services has been eliminated.
- All pre-existing condition exclusion provisions will be prohibited.
- Annual limits will no longer be permitted on essential health benefits.

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to any request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Medicaid and the Children's Health Insurance Program (CHIP) - Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

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 1-877KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

NEW YORK - Medicaid Website:
http://www.nyhealth.govlhealthcare/medicaid/
Phone: 1-800-541-2831

Young Adult Coverage to Age 26 has been extended under the Affordable Care Act. The child does not have to reside in your home; does not have to be a student; and does not have to be tax dependent. The child may be eligible for coverage under his/her own employer, and the child may be married or unmarried. (Coverage for the child's spouse or children is not required),