

## **ANNUAL REQUIRED NOTICES**

All notices are available by visiting Virtual HR or calling Human Resources at ext. 6850. A paper copy is also available, free of charge, by calling Human Resources.

### **Exchange Notices**

Blessing Corporate Services is continuing to offer health coverage to eligible employees and dependents, however if you choose to explore your options through the Marketplace, please obtain a copy of the most current Exchange Notice.

### **Tax Forms**

Blessing Health System is required to provide all benefit-eligible employees working at least 30 hours per week with an annual statement describing the health care coverage that was available to them through the company during each month of the year. If you were a full-time employee for at least one month during the year, this statement (known as IRS Form 1095-C) will be provided to you by the deadline. If you plan to claim premium tax credit subsidies for Marketplace coverage, you will need this form when filing your federal income taxes to confirm you are eligible to claim the tax credits.

Employee tax withholding may be reviewed or updated at any time through Virtual HR

### **HIPAA Privacy Notice and Reminder**

Both medical plans (Standard and HDHP) are subject to HIPAA. HIPAA is included to ensure that protected health information pertaining to covered persons remains confidential. Please refer to the full HIPAA Notice found in Virtual HR.

### **Summary of Benefits and Coverage (SBC): Availability of Summary Health Information**

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

### **Summary Plan Descriptions (SPD): Availability of Summary Plan Descriptions**

As a plan participant, you are entitled to a comprehensive description of your rights and obligations under the group health plan. A copy of the summary plan description (SPD) is always available in Virtual HR. In order to ensure that you fully understand the benefits available to you and your obligations as a plan participant, it is imperative that you familiarize yourself with the information contained within the SPD. All SPDs will be posted within 90 days after the effective date of the plan.

### **COBRA Notice**

Eligible employees and dependents have the opportunity to continue their coverage in certain instances where coverage would otherwise terminate. Such continuation coverage is described in the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), and is therefore sometimes referred to as "COBRA Continuation of Coverage". Please see the enclosed notice for complete details.

### **Special Enrollment Rights Notice**

If you decline enrollment for yourself or your dependents because you have other health coverage, you may be able to enroll yourself and your dependents in the healthcare plan later, during a special enrollment period. The qualifying events that create a special enrollment period are as follows: If you or your dependents lose eligibility for other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). In addition, if you have a new dependent as a result of marriage, birth, legal guardianship, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of such occurrences. You or an affected eligible dependent may also enroll in coverage if eligibility for coverage is lost under Medicaid or the Children's Health Insurance Program (CHIP), or if you become eligible for premium assistance under Medicaid or CHIP. You must enroll in the healthcare plan within 60 days of the date you lose coverage or become eligible for premium assistance. Please refer to the SPD for Blessing Corporate Services Employee Healthcare Plan for complete details.

**Medicare Part D Creditable Coverage Notice**

Medicare open enrollment runs annually from October 15th through December 7th. Medicare eligible members will continue to be eligible for primary coverage under the Blessing Corporate Services health plan. Our 2023 as well as new 2024 plans have all been deemed as creditable coverage under Medicare.

**Women's Preventive Care**

Under the Affordable Care Act, Blessing is mandated to cover women's contraceptive services and products at 100% of the cost. You can access more information on Women's Preventive Care at:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

**Newborns & Mothers Health Protection (minimum maternity stay) Notice**

The Newborns' and Mothers' Health Protection Act of 1996 (the Newborns' Act), signed into law on September 26, 1996, requires plans that offer maternity coverage to pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of a cesarean section). Please refer to the SPD for Blessing Corporate Services Employee Healthcare Plan for complete details.

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

On October 21, 1998, the Women's Health and Cancer Rights Act (WHCRA) became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Treatment of physical complications of all stages of mastectomy, including lymphedema

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 that apply for the mastectomy.

**Notice for Employer Sponsored Wellness Programs**

The Core Health Worksite Wellness Program is a voluntary wellness program available to all active employees and their spouses regardless of benefit eligibility. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act, as applicable, among others.

**State Children's Health Insurance Program (SCHIP)**

Loss of Medicaid or SCHIP coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**Children's Health Insurance Program Reauthorization Act (CHIPRA) Notice**

CHIP is short for Children's Health Insurance Program- a program to provide health insurance to all uninsured children who are not eligible for or enrolled in Medical Assistance. CHIPRA is the reauthorization act of CHIP, which was signed into law in February 2009. Under CHIPRA, a state CHIP program may elect to offer premium assistance to subsidize employer – provided coverage for eligible low-income children and families. All employers are required to provide employees notification regarding CHIPRA. You may be eligible for health coverage or premium assistance through the state in which you reside. A flier is enclosed in this packet with additional information.