# Annual Notices

**Annual Notice of Women's Health and Cancer Rights Act of 1998:**

The University of Virginia J Visa Health Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Call Aetna, the claims administrator, at 800.987.9072 for more information.

**Annual Notice of HIPAA Special Enrollment Rules:**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, under a HIPAA Special Enrollment you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, 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. However, you must request enrollment within 60 days after the marriage, birth, adoption or placement for adoption.

**The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)** created two new Special Enrollment rights for certain eligible employees and dependents who lose coverage or become eligible for premium assistance under a Medicaid or state children's health insurance program. Employees must request coverage changes within 60 days of the eligibility determination. See the CHIP notice included with your Open Enrollment materials containing additional information about the opportunity to enroll in the premium assistance programs. To request a HIPAA Special Enrollment or obtain more information, contact the UVA HR Benefits Division.

## 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're 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 aren't eligible for Medicaid or CHIP, you won't 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, contact your State Medicaid or CHIP office or dial **1-877-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 aren't 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 **1-866-444-EBSA (3272)**.

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**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 July 31, 2025. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website:<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | INDIANA – Medicaid |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: 678-564-1162, Press 2 | Health Insurance Premium Payment Program<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>http://www.in.gov/fssa/dfr/<br>Family and Social Services Administration<br>Phone: 1-800-403-0864<br>Member Services Phone: 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website:<br>Iowa Medicaid \| Health & Human Services<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>Hawki - Healthy and Well Kids in Iowa \| Health & Human Services<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: Health Insurance Premium Payment (HIPP) \| Health & Human Services (iowa.gov)<br>HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kynect.ky.gov<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website:<br>https://chfs.ky.gov/agencies/dms | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: masspremassistance@accenture.com |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |
| Website:<br>https://mn.gov/dhs/health-care-coverage/<br>Phone: 1-800-657-3672 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |

| MONTANA – Medicaid | NEBRASKA – Medicaid |
|---|---|
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |

| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
|---|---|
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP)<br>Website: https://medicaid.utah.gov/upp/<br>Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website:<br>https://medicaid.utah.gov/expansion/<br>Utah Medicaid Buyout Program Website:<br>https://medicaid.utah.gov/buyout-program/<br>CHIP Website: https://chip.utah.gov/ |
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, 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

## 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.

**Important Notice from the University of Virginia J Visa Health Plan about Your Prescription Drug Coverage and Medicare**

**This notice ONLY applies to "Medicare-eligible individuals" including any active, disabled or retired employees or their dependents who are enrolled in, or in the process of enrolling in, prescription drug coverage under the University of Virginia Health Plan.**

**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 University of Virginia J Visa Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare 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 plans 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 the end of this notice.**

**There are 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 join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **The University has determined that the prescription drug coverage offered by the UVA J Visa Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is 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 drugplan.**

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## 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 15th to December 7th.

However, if you lose 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 are a Medicare-eligible retiree, retiree spouse, retiree dependent, survivor, or survivor

dependent, your UVA J Visa Health Plan coverage will terminate when you become Medicare eligible. If you are a Medicare-eligible active employee, employee spouse, or employee dependent and you decide to join a Medicare drug plan, your current UVA J Visa Health Plan coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare drug plan, you and your eligible dependents will still be able to receive all of your current health and prescription drug benefits. In this case, the UVA J Visa Health plan will pay primary and Medicare will pay secondary.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the UVA J Visa Health Plan and don't 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 did 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 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 person listed below for further information. **NOTE:** You'll 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 the University changes. You also may 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 in the "Medicare & You" handbook. You'll 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
- 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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, therefore, whether or not you are required to pay a higher premium (a penalty).**

As in all cases, the UVA J Visa Health Plan reserves the right to modify benefits at any time, in accordance with applicable law.

Date: September 1, 2025
Name of Entity/Sender: University of Virginia
Human Resources Contact--Position/Office: Benefits Division
Address: 2420 Old Ivy Road
P.O. Box 400127
Charlottesville, VA 22903
Phone Number:434.243.3344

# Privacy of Your Health Information

**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.**

## University of Virginia's Plan's Commitment to Privacy

The University of Virginia J Visa Health Plan and the University of Virginia Dental Plan (collectively referred to as the "Plan") are committed to protecting the privacy of your protected health information. Protected health information, which is referred to as "health information" in this Notice, is information that identifies you and relates to your physical or mental health, or to the provision or payment of health services for you. The Plan creates, receives, and maintains your health information when it provides health, dental, prescription drug, and medical flexible spending account benefits to you and your eligible dependents. The Plan also pledges to provide you with certain rights related to your health information.

By this Notice of Privacy Practices ("Notice"), the Plan informs you that it has the following legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the related regulations ("federal health privacy law"):

- to maintain the privacy of your health information;
- to provide you with this Notice of its legal duties and privacy practices with respect to your health information; and
- to abide by the terms of this Notice currently in effect,and
- to provide you with notice of breaches of your health information as required by federal health privacy or other laws.

This Notice also informs you how the Plan uses and discloses your health information and explains the rights that you have with regard to your health information maintained by the Plan. For purposes of this Notice, "you" or "yours" refers to insured participants and eligible dependents.

This Notice was initially effective as of April 14, 2003. This notice was revised effective January 1, 2013, September 1 2013, January 1, 2014, January 1, 2015, January 1, 2016, January 1, 2017, January 1, 2018, January 1, 2019, January 1, 2020, January 1, 2021, January 1, 2022, and January 1, 2023.

## Information Subject to this Notice

The Plan creates, receives, and maintains certain health information about you to help provide health benefits to you, as well as to fulfill legal and regulatory requirements. The Plan obtains this health information, which identifies you, from applications and other forms that you complete, through conversations you may have with the Plan's administrative staff and health care professionals, and from reports and data provided to the Plan by health care service providers, insurance companies, and other third parties. The health information the Plan has about you includes, among other things, your name, address, phone number, birthdate, social security number, and medical and health claims information. This is the information that is subject to the privacy practices described in this Notice.

This Notice does not apply to health information created, received, or maintained by the University of Virginia on behalf of the non-health employee benefits that it sponsors, such as disability benefits and life insurance benefits. This Notice also does not apply to health information that the University of Virginia requests, receives, and maintains about you for employment purposes, such as employment testing, or determining your eligibility for medical leave benefits or disability accommodations.

# Summary of the Plan's Privacy Practices

**The Plan's Uses and Disclosures of Your Health Information**: Generally, you must provide a written authorization to the Plan for it to use or disclose your health information. However, the Plan may use and disclose your health information without your authorization for the administration of the Plan and for processing claims. The Plan also may use and disclose your health information without your authorization for other purposes as permitted by the federal health privacy law, such as health and safety, law enforcement or emergency purposes. The details of the Plan's uses and disclosures of your health information are described below.

**Your Rights Related to Your Health Information**: The federal health privacy law provides you with certain rights related to your health information. Specifically, you have the right to:

- Inspect and/or copy your health information;
- Request that your health information beamended;
- Request an accounting of certain disclosures of your health information;
- Request certain restrictions related to the use and disclosure of your health information;
- Request to receive your health information through confidential communications;
- File a complaint with the Plan or the Secretary of the Department of Health and
- Human Services if you believe that your privacy rights have been violated; and
- Receive a paper copy of this Notice.

These rights and how you may exercise them are detailed below.

**Changes in the Plan's Privacy Practices:** The Plan reserves its right to change its privacy practices and revise this Notice as described below.

**Contact Information:** If you have any questions or concerns about the Plan's privacy practices or about this Notice, if you wish to obtain additional information about the Plan's privacy practices, or if you wish to submit a complaint, please contact:

UVA Health Plan Privacy Officer
2420 Old Ivy Road
P.O. Box 400127
Charlottesville, VA 22903
(434) 924-4346

## *Detailed Notice of the Plan's Privacy Policies – the Plan's Uses and Disclosures*

Except as described in this section, as provided for by the federal health privacy law, or as you have otherwise authorized, the Plan only uses and discloses your health information for the administration of the Plan and the processing of health claims. The uses and disclosures that do not require your written authorization are described below.

### Uses and Disclosures for Treatment, Payment, and Health Care Operations

- For Treatment. The Plan may disclose your health information to a health care provider, such as a hospital or physician, to assist the provider in treating you.
- For Payment. The Plan may use and disclose your health information without your authorization so that your claims for health care services can be paid according to the Plan's terms. For example, the Plan may use and disclose your health information to determine whether certain health care services that you seek are covered by the Plan or to process your health care claims. The Plan also may disclose your health information to coordinate payment of your health care with others who may be responsible for certain costs.
- For Health Care Operations. The Plan may use and disclose your health information without your

authorization so that it can operate efficiently and in the best interests of its participants. For example, the Plan may disclose your health information for underwriting purposes, for business planning purposes, or to attorneys who are providing legal services to the Plan. The Health Plan may not use or disclose PHI that is genetic information for any underwriting purposes per GINA rules. (Genetic Information Nondiscrimination Act)

### Uses and Disclosures to Business Associates

The Plan may disclose certain of your health information without your authorization to its "business associates," which are third parties that assist the Plan in its operations. For example, the Plan may share your claims information with a business associate that provides claims processing services to the Plan, and the Plan may disclose your health information to its business associates for actuarial projection and audit purposes, and legal services. The Plan enters contracts with its business associates requiring that the privacy your health information be protected.

### Uses and Disclosures to the Plan Sponsor

The Plan may disclose your health information, without your authorization, to the Plan Sponsor, which is the University of Virginia, for plan administration purposes, such as performing quality assurance functions, and for monitoring and auditing functions. The Plan Sponsor will certify to the Plan that it will protect the privacy of your health information and that it has amended the plan documents to reflect its obligation to protect the privacy of your health information.

### Other Uses and Disclosures That May Be Made Without Your Authorization

The federal health privacy law provides for specific uses or disclosures of your health information that the Plan may make without your authorization, some of which are described below.

- *Required By Law.* The Plan may use and disclose health information about you as required by the law. For example, the Plan may disclose your health information for the following purposes: for judicial and administrative proceedings pursuant to legal process and authority; to report information related to victims of abuse, neglect, or domestic violence; or to assist law enforcement officials in their law enforcement duties.
- *Health and Safety.* Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law. Your health information also may be disclosed for public health activities, such as preventing or controlling disease, injury, or disability.
- *Government Functions.* Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities, and protection of public officials. Your health information also may be disclosed to health oversight agencies that monitor the health care system for audits, investigations licensure, and other oversightactivities.
- *Active Members of the Military and Veterans.* Your health information may be used or disclosed in order to comply with laws and regulations related to military service or veterans' affairs.
- *Workers' Compensation.* Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation benefits.
- *Emergency Situations.* Your health information may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency, or to a disaster relief entity in the event of a disaster.
- *Involved Family and Friends.* We may disclose information about you to a relative, a friend, or other person involved in your health care or payment for your health care, such as the subscriber of your health benefits plan, provided the information is directly relevant to that person’s involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Member Services number on your ID card. We reserve the right to require your written authorization or verbal authorization by telephone before disclosing information about you to a relative, a friend, or other person involved in your health care or payment for your health care. To authorize disclosures to a relative or other person, call the toll-free Member Services number on your ID card for release of information from the Third

Party Administrator, and the UVA Health Plan Privacy Officer at (434) 243-4346 for release of information from the UVA J Visa Health Plan. If you are deceased, the Plan may disclose your health information to such individuals involved in your care or payment for your health care prior to your death the health information that is relevant the individual's involvement, unless you have previously instructed the Plan otherwise.

- *Personal Representatives.* Your health information may be disclosed to people that you have authorized to act on your behalf, or people who have a relationship with you that gives them the right to act on your behalf. Examples of personal representatives are parents for minors and those who have Power of Attorney for adults.
- *Treatment and Health-Related Benefits Information.* The Plan and its business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services, andmedication.
- *Research.* Under certain circumstances, the Plan may use or disclose your health information for research purposes as long as the procedures required by law to protect the privacy of the research data are followed.
- *Organ and Tissue Donation.* If you are an organ donor, the Plan may use or disclose your health information to an organ donor or procurement organization to facilitate an organ or tissue donation transplantation.
- *Deceased Individuals.* The health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.

**Uses and Disclosures for Fundraising and Marketing Purposes.** The Plan does not use your health information for fundraising or marketing purposes and does not sell your protected health information.

### Any Other Uses and Disclosures Require Your Express Written Authorization

Uses and disclosures of your health information other than those described above or otherwise allowed by the federal health privacy law will be made only with your express written authorization. Your written authorization is also required for most uses or disclosures of psychotherapy notes (where appropriate). You may revoke your authorization in writing. If you do so, the Plan will not use or disclose your health information authorized by the revoked authorization, except to the extent that the Plan already has relied on your authorization.

Once your health information has been disclosed pursuant to your authorization, the federal health privacy law protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your or the Plan's knowledge or authorization.

## Your Health Information Rights

You have the following rights regarding your health information that the Plan creates, receives and maintains. If you are required to submit a written request related to these rights, as described below, you should address such requests to:

UVA Health Plan Privacy Officer
2420 Old Ivy Road
P.O. Box 400127
Charlottesville, VA 22903
(434) 243-4346

### Right to Inspect and Copy Health Information

You have the right to inspect and obtain a copy of your health information that is maintained by the Plan. This includes, among other things, health information about your plan eligibility, plan coverage, claim records, and billing records.

To inspect and copy health information maintained by the Plan, submit a written request to the UVA Health Plan Privacy Officer. The Plan may charge a fee for the cost of copying and/or mailing the health information

that you have requested. In limited instances, the Plan may deny your request to inspect and copy your health information. If that occurs, the Plan will inform you in writing. In addition, in certain circumstances, if you are denied access to your health information, you may request a review of the denial.

If your request for access is granted, then the Plan will provide you with access to your health information in the form and format you requested, if it is readily producible in such form or format; if it is not readily producible, then access will be provided in a mutually agreed upon form and format.

### Right to Request That Your Health Information Be Amended

You have the right to request that the Plan amend your health information if you believe the information is incorrect or incomplete.

To request an amendment, submit a written request to the UVA Health Plan Privacy Officer. This request must provide the reason(s) that support your request. The Plan may deny your request if you have asked to amend information that:

- Was not created by or for the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of your health information maintained by or for the Plan;
- Is not part of the health information that you would be permitted to inspect and copy; or
- Is accurate and complete.

The Plan will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If the Plan denies your request, it will explain how you can continue to pursue the denied amendment.

### Right to an Accounting of Disclosures

You have the right to receive a written accounting of disclosures, which is a list of certain disclosures of your health information by the Plan to others. Generally, the following disclosures are not part of an accounting: disclosures that occur before April 14, 2003; disclosures for treatment, payment, or health care operations; disclosures made to or authorized by you; and certain other disclosures. The accounting covers up to six years prior to the date of your request (but not disclosures made before April 14, 2003).

To request an accounting of disclosures, submit a written request to the Privacy Officer. If you want an accounting that covers a time period of less than six years, please state that in your written request an accounting. The first accounting that you request within a twelve month period will be free. For additional accountings in a twelve month period, the Plan may charge you for the cost of providing the accounting. But, the Plan will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw or modify your request before any costs are incurred.

### Right to Request Restrictions

You have the right to request restrictions on your health care information that the Plan uses or discloses about you to carry out treatment, payment, or health care operations. You also have the right to request restrictions on your health information that the Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Plan is not required to agree to your request for such restrictions, and the Plan may terminate its agreement to the restrictions you requested.

To request restrictions, submit a written request to the Privacy Officer that explains what information you wish to limit, and how and/or to whom you would like the limits to apply. The Plan will notify you in writing as to whether it agrees to your request for restrictions. To restrict access to your online health information by the subscriber of your health policy, contact Aetna Customer Service at 1-800-987-9072.

### Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location

You have the right to request that the Plan communicate your health information to you in confidence by alternative means or in an alternative location. For example, you can ask that the Plan only contact you at work.

or by mail, or that the Plan provide you with access to your health information at a specific, reasonable location.

To request confidential communications by alternative means or at an alternative location, submit a written request to the Privacy Officer. Your written request should state the reason(s) for your request, and the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of your health information by non- confidential communications could endanger you. The Plan will accommodate reasonable requests and notify you appropriately.

### Right to File a Complaint

You have the right to complain to the Plan and/or to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. To file a complaint with the Plan, submit a written complaint to the Privacy Officer named above.

You will not be retaliated or discriminated against and no services, payment, benefits, or privileges will be withheld from you because you file a complaint with the Plan or with the Secretary of the Department of Health and Human Services.

### Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. To make such a request, submit a written request to the UVA Health Plan Privacy Officer named above.

## *Changes in the Plan's Privacy Policies*

The Plan reserves the right to change its privacy practices and make the new practices effective for all protected health information that it maintains, including your protected health information that it created or received prior to the effective date of the change and protected health information it may receive in the future. If the Plan materially changes any of its privacy practices that are covered by this Notice, it will revise its Notice and provide you with the revised Notice with the next annual mailing. In addition, copies of the revised Notice will be made available to you upon your written request, and any revised notice will be available at the Plan's website, www.hr.virginia.edu.

CardinalCare
Virginia's Medicaid Program

VIRGINIA'S MEDICAID PROGRAM
DMAS

# Quality No Cost Health Coverage for Children

Are you looking for a way to ensure your family is covered through the year? Enrolling your children in Medicaid has never been easier!
**Call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or visit coverva.dmas.virginia.gov today to apply.**

**Children may be eligible if they:**

- Live in Virginia and are under age 19
- Are U.S. citizens or lawfully residing immigrants
- Live in families that meet income guidelines (up to $63,960 a year for a family of 4)

SCAN ME!

**Services Covered:**

- Well-baby checkups
- Vaccinations
- Doctor visits
- Dental care
- Emergency care
- Hospital visits
- Vision care
- Mental health care
- Prescription medicine
- Well-child checkups
- Tests and X-rays
- And much more!

## Don't wait—take the first step towards a healthier tomorrow!

For questions, additional help, or language assistance services or large-print, call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or email covervirginia@dmas.virginia.gov.

CardinalCare
Virginia's Medicaid Program

VIRGINIA'S MEDICAID PROGRAM
DMAS

# Cobertura de salud de calidad y sin costo para niños

¿Está buscando una manera de garantizar que su familia esté cubierta durante todo el año? ¡Inscribir a sus hijos en Medicaid nunca ha sido tan fácil! **Llame a Cover Virginia al 1-855-242-8282 (TTY: 1-888-221-1590) o visite coverva.dmas.virginia.gov hoy mismo para presentar su solicitud.**

**Los niños pueden ser elegibles si cumplen con lo siguiente:**

- Viven en Virginia y son menores de 19 años
- Son ciudadanos estadounidenses o inmigrantes que residen legalmente
- Viven en familias que cumplen con los requisitos de ingresos (hasta $63,960 al año para una familia de 4)

¡Escaneame!

**Servicios cubiertos:**

- Chequeos médicos de bienestar para bebés
- Vacunas
- Visitas al médico
- Atención dental
- Atención de urgencias
- Visitas al hospital
- Atención visual
- Atención de salud mental
- Medicamentos recetados
- Chequeos médicos de bienestar para niños
- Exámenes y radiografías
- ¡Y mucho más!

## No espere, ¡dé el primer paso hacia un futuro más saludable!

Si tiene preguntas, necesita ayuda adicional o necesita servicios de asistencia con el idioma o documentos con letra grande, llame a Cover Virginia al 1-855-242-8282 (TTY: 1-888-221-1590) o envíe un correo electrónico a covervirginia@dmas.virginia.gov.

## WHAT IS CARDINAL CARE SMILES?

**Cardinal Care Smiles** is Virginia's Medicaid and FAMIS dental program. **Cardinal Care Smiles** provides comprehensive dental benefits to children under 21, pregnant members, and adults over the age of 21 who participate in the **Cardinal Care Smiles** program.

## HOW CAN I FIND A DENTIST?

Use the Find a Dentist tool on DentaQuest.com to find a provider near you. You can also call member services at 1-888-912-3456.

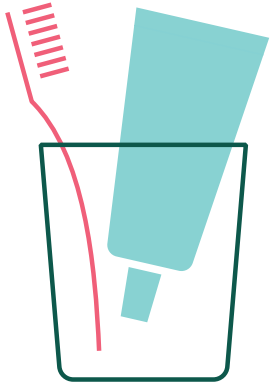
## WHAT SERVICES ARE COVERED UNDER THE CARDINAL CARE SMILES PROGRAM?

**(members under 21)**

- Regular dental checkups (every six months)
- X-rays (when necessary)
- Cleaning and fluoride (every six months)
- Sealants
- Information and education about oral care
- Space maintainers
- Braces (if approved)
- Anesthesia
- Extractions
- Root canal treatment
- Crowns

**Taking care of your dental health will help keep your body healthy too.**

**Be sure you, or your child, see a dentist.**



**Use the Find a Dentist tool on DentaQuest.com to find a provider near you or call member services at 1-888-912-3456.**

CardinalCare Smiles
Improving Dental Care in Virginia for Children and Adults

DentaQuest
a Sun Life company



DQ784 (3.24)

# CARDINAL CARE SMILES

## A Guide to Virginia's Dental Coverage for Children and Adults with Medicaid and FAMIS

CardinalCare Smiles
Improving Dental Care in Virginia for Children and Adults

## HOW DO I USE CARDINAL CARE SMILES DENTAL INSURANCE?

When you call to make an appointment, be sure to tell the dental office that you, or your child, are a **Cardinal Care Smiles** member. Remember to write down the date and time of the appointment.

On the day of the appointment, be sure to bring your, or your child's, Medicaid card – it's either blue and white or it's their MCO ID card. The dentist needs to see this card at every visit to check that you, or your child, are still eligible for the program. If you, or your child, are seeing a new dentist, please ask the old dentist to send the dental records to the new dentist.

## WHEN TO SEE THE DENTIST AND WHAT WILL THE DENTIST DO?

### Age 6 months and 12 months

Take your baby to the dentist when the first tooth comes in. The dentist will check for cavities and explain how you can care for your child's mouth.

### Age 18 months and 24 months

**During this time period, the dentist will:**

- Do an oral exam
- Check for cavities
- Explain how to prevent cavities
- Explain how often you should clean your children's teeth
- May apply fluoride

### Age 2 years and every 6 months up to 6 years old

**During this time period, the dentist will:**

- Continue to check for cavities
- Teach your children how to care for their teeth and gums
- Check that the teeth are developing normally
- Take X-rays, as needed

### Age 6 years and every 6 months up to 12 years old

**During this time period, the dentist will:**

- Make sure your children's teeth fit together correctly
- Talk to your children about good oral health habits
- Take X-rays, as needed
- May apply sealants to the back permanent teeth

### Age 12 years and every 6 months after that

**During this time period, the dentist will:**

- Make sure your children's teeth fit together correctly
- Examine the wisdom teeth to make sure they aren't crowding other teeth
- Take X-rays, as needed
- May apply sealants

## DENTAL BENEFITS FOR ADULTS IN MEDICAID

Dental coverage for adults enrolled in Medicaid focuses on overall oral health, prevention and restoration.

These services may include the following:

- X-rays and examinations
- Cleanings
- Fillings
- Root canals
- Gum related treatment
- Dentures

## PREGNANCY BENEFIT

Pregnant members who are 21 years old and older in Medicaid or FAMIS can get dental benefits. These dental benefits will be available through the **Cardinal Care Smiles** program. Benefits include cleanings, exams, fillings, and crowns. Root canals, X-rays, and anesthesia are also covered. Braces are not covered. These benefits will stop at the end of the 12th month after you have had the baby. Pregnant members who are under 21 years old can get full benefits through Virginia's **Cardinal Care Smiles** dental program. Braces are included.

## TRANSPORTATION BENEFIT

You will be able to get a ride to the dentist under this new program. If you are in one of the managed care organizations (MCOs), {excluding FAMIS enrollees} call them to make transportation reservations.

If you are not in an MCO, call ModivCare (formerly LogistiCare) at **(866) 386-8331**.

For more information visit **dmas.virginia.gov/#/nemtservices**.

## ¿QUÉ ES CARDINAL CARE SMILES?

**Cardinal Care Smiles** es el programa dental Medicaid y FAMIS Virginia. **Cardinal Care Smiles** proporciona beneficios dentales integrales a menores de 21 años, mujeres embarazadas y adultos mayores de 21 años que están afiliados al programa **Cardinal Care Smiles**.

## ¿CÓMO BUSCO UN DENTISTA?

Use la herramienta Buscar un dentista en DentaQuest.com para buscar un proveedor cerca de usted. También puede comunicarse con el Departamento de servicios para afiliados al 1-888-912-3456.

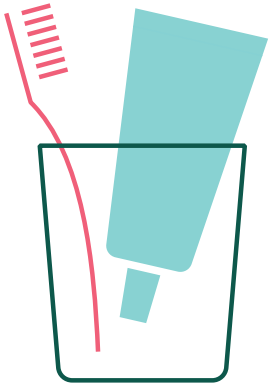
## ¿QUÉ SERVICIOS CUBRE EL PROGRAMA CARDINAL CARE SMILES?

**(Afiliados menores de 21 años).**

- Chequeos dentales regulares (cada seis meses).
- Radiografías (cuando sean necesarias).
- Limpieza y fluoruro (cada seis meses).
- Selladores.
- Información y educación sobre el cuidado bucodental.
- Protectores de espacio.
- Aparatos de ortodoncia (si se aprueban).
- Anestesia.
- Extracciones.
- Tratamiento de conducto.
- Coronas.

**Cuidar de su salud dental también le ayudará a mantener su cuerpo sano.**

**Asegúrese de ir al dentista y de llevar a su hijo.**



**Use la herramienta Buscar un dentista en DentaQuest.com para buscar un proveedor cerca de usted o comuníquese con el Departamento de servicios para afiliados al 1-888-912-3456.**

CardinalCare Smiles
Improving Dental Care in Virginia for Children and Adults

DentaQuest
a Sun Life company



DQ784 (8.24) SP

# CARDINAL CARE SMILES

**Guía para la cobertura dental de Virginia para niños y adultos inscritos a Medicaid y FAMIS**

CardinalCare Smiles
Improving Dental Care in Virginia for Children and Adults

## ¿CÓMO USO EL SEGURO DENTAL CARDINAL CARE SMILES?

Cuando llame para programar una cita, asegúrese de informar al consultorio dental que usted, o su hijo, está afiliado a **Cardinal Care Smiles**. Recuerde anotar la fecha y hora de la cita.

El día de la cita, asegúrese de llevar su tarjeta de Medicaid, o la de su hijo, la de color azul y blanco, o la tarjeta de identificación de la MCO. El dentista necesita ver esta tarjeta en cada consulta para comprobar que usted o su hijo siguen reuniendo los requisitos para el programa. Si usted o su hijo están viendo a un dentista nuevo, pida a su dentista anterior que envíe los expedientes dentales al nuevo dentista.

## CUÁNDO VER AL DENTISTA Y LO QUE EL DENTISTA HARÁ

### 6 meses y 12 meses de edad

Lleve a su bebé al dentista cuando le salga el primer diente. El dentista revisará si hay caries y le explicará cómo puede cuidar la boca de su hijo.

### 18 meses y 24 meses de edad

**Durante este periodo de tiempo, el dentista:**

- Hará un examen bucodental.
- Revisará si hay caries.
- Explicará cómo prevenir las caries.
- Explicará con qué frecuencia debe limpiar los dientes de sus hijos.
- Podría aplicar fluoruro.

### 2 años y cada 6 meses hasta los 6 años

**Durante este periodo de tiempo, el dentista:**

- Seguirá revisando si hay caries.
- Les enseñará a sus hijos cómo cuidar sus dientes y encías.
- Revisará si los dientes se están desarrollando normalmente.
- Tomará radiografías si es necesario.

### 6 años de edad y cada 6 meses hasta los 12 años

**Durante este periodo de tiempo, el dentista:**

- Se asegurará de que las piezas dentales de sus hijos estén bien alineadas entre sí.
- Hablará con sus hijos sobre los buenos hábitos de salud bucal.
- Tomará radiografías si es necesario.
- Podría aplicar selladores en las muelas.

### 12 años de edad y cada 6 meses a partir de allí

**Durante este periodo de tiempo, el dentista:**

- Se asegurará de que las piezas dentales de sus hijos estén bien alineadas entre sí.
- Examinará las muelas del juicio para asegurarse de que no se estén empujando otras piezas dentales.
- Tomará radiografías si es necesario.
- Podría aplicar selladores.

## BENEFICIOS DENTALES PARA ADULTOS EN MEDICAID

La cobertura dental para adultos inscritos en Medicaid se centra en la salud bucal en general, la prevención y la restauración.

Estos servicios podrían incluir los siguientes:

- Radiografías y exámenes.
- Limpiezas.
- Empastes.
- Tratamientos de conducto.
- Tratamientos relacionados con las encías.
- Prótesis dentales.

## BENEFICIO PARA MUJERES EMBARAZADAS

Las afiliadas embarazadas que tengan 21 o más años de edad y estén en Medicaid o FAMIS pueden recibir beneficios dentales. Estos beneficios dentales estarán disponibles a través del programa **Cardinal Care Smiles**. Los beneficios incluyen limpiezas, exámenes, empastes y coronas. También están cubiertos los tratamientos de conducto, las radiografías y la anestesia. Los aparatos de ortodoncia no están cubiertos. Estos beneficios cesarán al final del duodécimo mes después de haber tenido el bebé. Las mujeres embarazadas menores de 21 años pueden obtener beneficios completos con el programa dental **Cardinal Care Smiles** de Virginia. Los aparatos de ortodoncia están incluidos.

## BENEFICIO DE TRANSPORTE

Usted podrá contar con transporte al dentista con este nuevo programa. Si está en una Organización de Cuidado Médico Administrado (MCO, Managed Care Organization), excepto los afiliados a FAMIS, comuníquese con dicha organización para hacer la reserva para el transporte.

Si no está en una MCO, comuníquese con ModivCare (anteriormente LogistiCare) al **(866) 386-8331**.

Si desea más información, visite **dmas.virginia.gov/#/nemtservices**.