Notices to employees of University of Virginia Physicians Group regarding health and welfare plans

I. Notices generally applicable to group health plans

A. Special enrollment notice

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 and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 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 31 days after the marriage, birth, adoption or placement for adoption.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator identified at the end of these notices.

B. CHIPRA premium assistance notice

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).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/	Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-855-692-5447	Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program	Website: http://dch.georgia.gov/medicaid
Website: http://myakhipp.com/	- Click on Health Insurance Premium Payment (HIPP)
Phone: 1-866-251-4861	Phone: 404-656-4507
Email: <u>CustomerService@MyAKHIPP.com</u>	
Medicaid Eligibility:	
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/	Healthy Indiana Plan for low-income adults 19-64
Phone: 1-855-MyARHIPP (855-692-7447)	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 – Medicaid	IOWA – Medicaid
Health First Colorado Website:	Website: http://dhs.iowa.gov/ime/members/medicaid-
https://www.healthfirstcolorado.com/	a-to-z/hipp
Health First Colorado Member Contact Center:	Phone: 1-888-346-9562
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	

KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/	Medicaid Website: http://dwss.nv.gov/
Phone: 1-785-296-3512	Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm	Website:
Phone: 1-800-635-2570	http://www.dhhs.nh.gov/oii/documents/hippapp.p
	<u>df</u>
	Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website:	Medicaid Website:
http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	http://www.state.nj.us/humanservices/
Phone: 1-888-695-2447	dmahs/clients/medicaid/
	Medicaid Phone: 609-631-2392 CHIP Website:
	http://www.nifamilvcare.org/index.html
	CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-	Website:
assistance/index.html	http://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-442-6003	Phone: 1-800-541-2831
TTY: Maine relay 711	
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website:	Website: http://dma.ncdhhs.gov/
http://www.mass.gov/eohhs/gov/departments/masshealth	Phone: 919-855-4100
Phone: 1-800-462-1120	1 Holic. 919 055 4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://mn.gov/dhs/people-we-	Website:
serve/seniors/health-care/health-care-programs/programs-	http://www.nd.gov/dhs/services/medicalserv/medi
and-services/medical-assistance.jsp	caid/
and-services/medical-assistance.jsp Phone: 1-800-657-3739	caid/ Phone: 1-844-854-4825
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and-services/medical-assistance.jsp Phone: 1-800-657-3739 MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	caid/ Phone: 1-844-854-4825 OKLAHOMA – Medicaid and CHIP
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and-services/medical-assistance.jsp Phone: 1-800-657-3739 MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	caid/ Phone: 1-844-854-4825 OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
and-services/medical-assistance.jsp Phone: 1-800-657-3739 MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	caid/ Phone: 1-844-854-4825 OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
and-services/medical-assistance.jsp Phone: 1-800-657-3739 MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 NEBRASKA – Medicaid	caid/ Phone: 1-844-854-4825 OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://healthcare.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 PENNSYLVANIA – Medicaid
and-services/medical-assistance.jsp Phone: 1-800-657-3739 MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 NEBRASKA – Medicaid Website:	caid/ Phone: 1-844-854-4825 OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://healthcare.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 PENNSYLVANIA – Medicaid Website:
and-services/medical-assistance.jsp Phone: 1-800-657-3739 MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children Family Services/AccessNebra	caid/ Phone: 1-844-854-4825 OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://healthcare.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance

RHODE ISLAND – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/	Medicaid Website:
Phone: 401-462-5300	http://www.coverva.org/programs_premium_assistance
	<u>.cfm</u>
	Medicaid Phone: 1-800-432-5924
	CHIP Website:
	http://www.coverva.org/programs premium assistance
	<u>.cfm</u>
	CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid	WASHINGTON – Medicaid
Website: http://www.scdhhs.gov	Website: http://www.hca.wa.gov/free-or-low-cost-
Phone: 1-888-549-0820	health-care/program-administration/premium-
	<u>payment-program</u>
	Phone: 1-800-562-3022 ext. 15473
SOUTH DAKOTA - Medicaid	WEST VIRGINIA – Medicaid
Website: http://dss.sd.gov	Website:
Phone: 1-888-828-0059	http://www.dhhr.wv.gov/bms/Medicaid%2oExpansion/
	Pages/default.aspx
	Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://gethipptexas.com/	Website:
Phone: 1-800-440-0493	https://www.dhs.wisconsin.gov/publications/pi/pi0095.
	pdf
	Phone: 1-800-362-3002
UTAH – Medicaid and CHIP	WYOMING – Medicaid
Website:	Website: https://wyequalitycare.acs-inc.com/
Medicaid: http://medicaid.utah.gov/	Phone: 307-777-7531
CHIP: http://health.utah.gov/chip	
Phone: 1-877-543-7669	
VERMONT– Medicaid	
Website: http://www.greenmountaincare.org/	
Phone: 1-800-250-8427	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration Centers for Medicare & Medicaid Services www.dol.gov/ebsa 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

II. Notices applicable to group health plans with certain benefit designs

A. Newborns' act disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

B. WHCRA enrollment/annual notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information WHCRA benefits, call your plan administrator as identified at the end of these notices.

C. Notice for Patient Protections

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, a primary care provider may be designated for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the insurance carrier or the plan administrator identified below.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your insurance carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, you may contact the insurance carrier or plan administrator.

D. Wellness Program Disclosure

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call the plan administrator identified at the end of these notices and we will work with you to develop another way to qualify for the reward.

For purposes of this notice packet, the plan administrator is: Christine Rudge (434) 972-4288