



# IMPORTANT BENEFIT NOTICES FOR FY18

**Enclosed are government-required notices:**

Women's Health and Cancer Rights Notice.....	2
Summary of Benefits and Coverage – Availability Notice .....	2
Healthcare Reform Patient Protections.....	2
HIPAA Privacy Notice .....	3
Your Continuation Coverage Rights Under COBRA.....	6
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP).....	8
Health Insurance Marketplace Coverage Options and Your Health Coverage .....	11
Discrimination is Against the Law .....	12

Please review this document carefully – it contains important information about your employee benefits. Keep this document in a safe place in the event you need it in the future.

# IMPORTANT BENEFIT NOTICES FOR FY18

## Women's Health and Cancer Rights Notice

USP's medical benefits provide coverage for mastectomy-related services and conditions, including:

- 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).

This care is covered in the same manner as other medical care, and deductibles, copays and coinsurance may apply.

## Summary of Benefits and Coverage – Availability Notice

As an employee of USP, the health benefits available to you represent a significant component of your Total Rewards package. Health benefits provide important protection for you and your family in the case of illness or injury.

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.

The SBC is available on the benefits website at [hris.usp.org](http://hris.usp.org). During your enrollment period, you can view the SBC online at [hris.usp.org](http://hris.usp.org).

**Note:** If you have dependents in your household who are enrolled in a USP plan, please share this SBC information with them.

## Healthcare Reform Patient Protections

In the event your USP medical plan requires the designation of a primary care provider, 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, the applicable USP medical benefits administrator may designate one for you. For information on how to select a primary care provider and for a list of the participating primary care providers, contact Member Services at the number shown on your medical ID card.

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

You do not need prior authorization from the applicable USP medical benefits administrator or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare 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 healthcare professionals who specialize in obstetrics or gynecology, contact Member Services at the number shown on your medical ID card.

# IMPORTANT BENEFIT NOTICES FOR FY18

## HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations impose privacy and security requirements upon the use and disclosure of protected health information. Protected health information (PHI) is information created, received or maintained by USP's group health plans that relates to an individual's physical or mental health or condition, the provision of medical care for that individual or the payment for that individual's medical care, which identifies or may be used to identify the individual to whom it relates. It's the policy of USP to comply fully with HIPAA's requirements and to protect the privacy of such PHI. Accordingly, all members of USP's workforce who have access to PHI must comply with USP policy and procedures on the use and disclosure of PHI. A full description of USP's privacy practices can be found in USP Privacy Practices and Procedures on Use and Disclosure of Protected Health Information, posted on the USP Intranet.

This notice describes how PHI about you and your family may be used and disclosed, and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact USP's Privacy Officer.

### ***Purpose***

USP is committed to protecting health information about you and your family by ensuring that employees who have access to PHI comply with the privacy and security requirements of HIPAA. HIPAA's privacy regulations require USP to keep PHI about you and your family private, to give you notice of our legal duties and privacy practices, and to follow the terms of this notice. This notice outlines uses and disclosures of PHI that may be made by USP, as well as your individual rights and USP's legal obligations with respect to PHI.

### ***USP's Legal Obligations***

The federal privacy regulations require us to keep PHI about you private, to give you notice of our legal duties and privacy practices and to follow the terms of the notice currently in effect.

### ***Protected Health Information (PHI)***

PHI is information created, received or maintained by USP's group health plans that relates to an individual's physical or mental health or condition, the provision of medical care for that individual or the payment for that individual's medical care, which identifies or may be used to identify the individual to whom it relates. USP's workforce includes employees, contractors, volunteers, trainees and other persons whose work

performance is under the direct control of USP. The term "employee" includes all of these types of workers.

### ***Use and Disclosure of Protected Health Information***

The following categories summarize ways that USP may use and disclose PHI. Some of the categories include examples, but every type of disclosure in a category is not listed. The term "you" generically refers to you and your family member(s). For a more detailed listing of uses and disclosures of PHI, please contact the Privacy Officer who will provide you with the complete Privacy Practices and Procedures on Use and Disclosure of Protected Health Information (Privacy Practices and Procedures), which may also be found on the USP Intranet. Except for the purposes described below and in the complete Privacy Practices and Procedures, we will use and disclose PHI only with your written permission. If you grant permission to use and disclose PHI for a purpose not discussed in this notice, you may revoke that permission, in writing, at any time by contacting the Privacy Officer.

In accordance with HIPAA, USP may use and disclose PHI for the following purposes:

- **For Treatment:** USP may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are injured due to an accident and are unable to provide your medical history to the medical provider, USP may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment:** USP may use and disclose PHI so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may use and disclose PHI to assist employees with denied claims.
- **For Health Care Operations:** USP may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary for our operation and management purposes. For example, we may use PHI for purposes of assessing health care plan service, quality or performance or for analyzing associated costs. We may also use PHI for plan enrollment/eligibility purposes on behalf of an employee, or for assisting an employee with correcting benefits problems and understanding plan coverage/terminology.

# IMPORTANT BENEFIT NOTICES FOR FY18

- **Health-Related Benefits and Services:** For assessment and referral purposes, USP may use PHI to manage the Employee Assistance Program.
- **As Required by Law:** USP will disclose PHI when required to do so by federal, state or local law.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, USP may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement/National Security and Intelligence Activities:** USP may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. We may also disclose PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **To a Business Associate:** Certain services are provided to USP by third-party administrators known as “business associates.” The Plan requires its business associates, through contract, to appropriately safeguard your health information.
- **Military and Veterans:** If you are or become a member of the U.S. Armed Forces, USP may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety:** USP may use and disclose your PHI, when necessary, to prevent serious threat to your health and safety or the health and safety of the public or another person.
- **Right to Amend:** If you feel that PHI USP has is incorrect or incomplete, you may ask USP to amend the information. You have the right to request an amendment for as long as the information is kept by or for USP. To request an amendment, you must make your request, in writing, to Human Resources. We may deny the request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you request amendment of information that:
  - Was not created by USP, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the PHI kept by USP;
  - Is not part of the information that you are permitted to inspect and copy;
  - Is without question accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI that is not one for treatment, payment or health care operations. This includes an accounting of disclosures of electronic health records, even those used for treatment, payment and health care operations. For these requests, you must submit your request, in writing, to Human Resources. You may request an accounting of disclosures for the previous six years (previous three years, if it was a disclosure of electronic health records).
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment or health care operations. In addition, you have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not disclose your PHI to your spouse. In addition, you have the right to restrict disclosure of PHI to the health plan for payment or health care operations (but not for carrying out treatment) or in situations where you have paid the health care provider out-of-pocket in full. To request a restriction, you must make your request, in writing, to Human Resources. We are not required to agree to your request unless it involves a situation described above where you paid a provider out-of-pocket in full. If we do agree, we will comply with your request unless the information is needed to disclose the information in certain emergency treatment situations.

## *Individual Rights*

You have the following rights regarding PHI that USP maintains about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care, payment for your care or for your health care operation. You may request access to your health records in an electronic format if they are available electronically. You may request that your electronic health records be transmitted directly to you or someone you designate. You may be charged a fee for access to electronic health records, but this amount must be limited to the cost of labor involved in responding to your request. To inspect and copy your PHI, in paper or electronic form, you must make your request in writing to Human Resources.

# IMPORTANT BENEFIT NOTICES FOR FY18

- **Right to Request Confidential Communications:**

You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you can ask that you be contacted only at work or by mail. To request confidential communications, you must make your request, in writing, to Human Resources. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask for a paper copy of this notice, as well as the full Privacy Policy and Procedures, at any time. To obtain a paper copy of this notice and/or the full Privacy Policy and Procedures, please contact Human Resources.

### ***Breach of Unsecured PHI***

You must be notified in the event of a breach of unsecured PHI. A “breach” is the acquisition, access, use or disclosure of PHI in a manner that compromises the security or privacy of the PHI. PHI is considered compromised when the breach poses a significant risk of financial harm, damage to the individual’s reputation or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

### ***Privacy Officer***

Questions, concerns or complaints about the privacy of PHI should be directed to the following:

**USP Human Resources**  
301-816-8539

### ***Complaints***

If you believe your privacy rights have been violated, you may file a complaint with USP’s Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with Human Resources, please direct correspondence to:

**USP Human Resources**  
301-816-8539

To file a complaint with the Department of Health and Human Services, please direct correspondence to:

### **Department of Health and Human Services, Office for Civil Rights**

Hubert H. Humphrey Building  
Mail Stop 506F  
200 Independence Avenue, SW  
Washington, DC 20201  
Phone: (202) 205-8725  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

All complaints, whether submitted to Human Resources or the Department of Health and Human Services, must be made in writing. You will not be penalized or otherwise retaliated against for filing a complaint.

### ***Changes to This Notice***

USP may change the terms of this notice and privacy policies at any time. The revised or changed policies will be effective for all PHI maintained at that time as well as for PHI received in the future. A copy of the current notice and privacy policies can be found on the USP Intranet.

# IMPORTANT BENEFIT NOTICES FOR FY18

## Your Continuation Coverage Rights Under COBRA

As a participant in USP's benefits (comprising medical, dental, vision and Health Care FSA plans), you are receiving this notice that describes your right to COBRA continuation coverage.

COBRA, or the Consolidated Omnibus Budget Reconciliation Act of 1985, is a federal law affecting most employers who offer group health coverage to their employees. Under this law, you and other members of your family may have the right to temporarily continue the group health benefits when you would ordinarily lose coverage. This document describes your right to this COBRA continuation coverage, when it may become available to you and your family and what you must do to protect your right to receive it.

**You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. For more information about health insurance options available through a Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).**

### ***What Is COBRA Continuation Coverage?***

COBRA continuation coverage extends your health plan coverage when it would otherwise end because of a life change (also known as a "qualifying event").

After a qualifying event (examples of qualifying events are discussed below), COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of a qualifying event.

Under the plan, qualified beneficiaries who elect COBRA continuation coverage are required to pay for it. As an employee covered by the plan, you will become a qualified beneficiary if you lose your plan coverage because:

- Your hours of employment are reduced and you are no longer eligible for benefits, or

- Your employment ends for any reason except for gross misconduct on your part.

As the spouse of a covered employee, you will become a qualified beneficiary if you lose your plan coverage for any of the following reasons:

- Your spouse loses his or her life.
- Your spouse's hours of employment are reduced and he/she is no longer eligible for benefits.
- Your spouse's employment ends for any reason other than gross misconduct.
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both).
- You become divorced or legally separated from your spouse.

As a dependent child of a covered employee, you will become a qualified beneficiary if you lose your plan coverage for any of the following reasons:

- Your employee-parent loses his or her life.
- Your employee-parent's hours of employment are reduced and you are no longer eligible for benefits.
- Your employee-parent's employment ends for any reason other than gross misconduct.
- Your employee-parent becomes entitled to Medicare benefits (Part A, Part B or both).
- Your parents become divorced or legally separated.
- You cease to be a "dependent child" under the terms of the plan.

Filing for bankruptcy under Title 11 of the United States Code can also be a qualifying event. If USP were to file for bankruptcy and that bankruptcy resulted in the loss of coverage for a retired person under the plan, the retired employee would become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse and dependent children would also become qualified beneficiaries if this bankruptcy were to result in the loss of their coverage under the plan.

### ***When Is COBRA Coverage Available?***

You are eligible for COBRA continuation coverage only after the plan administrator has been notified that a qualifying event has occurred.

# IMPORTANT BENEFIT NOTICES FOR FY18

## ***Who Is Responsible for Notifying the Plan Administrator of a Qualifying Event?***

USP is responsible for notifying the plan administrator if the qualifying event is one of the following:

- Your termination or a reduction in your hours of employment and as a result, you are no longer eligible for benefits.
- Your death.
- You become entitled to Medicare (under Part A, Part B or both).
- A filing for bankruptcy under Title 11 of the U.S. Code by USP.

You are responsible for notifying the plan administrator that a qualifying event has occurred when the event is one of the following:

- You become divorced or legally separated from your spouse.
- Your dependent child ceases to be eligible under the plan.

You must notify the plan administrator within 60 days after the qualifying event has occurred. Provide this notice, in writing, to:

## **U.S. Pharmacopeial Convention**

Human Resources  
12601 Twinbrook Parkway  
Rockville, Maryland 20852-1790, USA

Once the plan administrator has received notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each person will have an independent right to elect or decline the coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouse, and parents may elect the coverage on behalf of their children.

## ***How Long Does COBRA Continuation Coverage Last?***

COBRA continuation coverage is temporary coverage. Generally, it lasts only up to 18 months when the qualifying event is a reduction in your hours of employment or your employment ends.

COBRA continuation coverage can last up to 36 months when the qualifying event is one of the following:

- You lose your life.
- You become entitled to Medicare benefits (Part A, Part B or both).
- You and your spouse become divorced or legally separated.

- Your dependent child ceases to be eligible under the plan.

An 18-month coverage period can be extended in two ways: through 1) disability or 2) a second qualifying event.

## ***Disability Extension***

If the Social Security Administration (SSA) determines that you or another covered individual in your family is disabled and you notify the plan administrator within 60 days of the SSA's determination, you and your family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started sometime before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

## ***A Second Qualifying Event***

If your family experiences a second qualifying event during its 18-month period of COBRA continuation coverage, your covered spouse and dependent children can obtain an additional 18 months of coverage, for a maximum of 36 months if the plan administrator is notified of one of these second events in a timely manner:

- You lose your life.
- You become entitled to Medicare benefits (under Part A, Part B or both).
- You become divorced or legally separated from your spouse.
- Your dependent child ceases to be an eligible dependent under the plan.

A "second qualifying event" extension may be available to your spouse and dependent children only if the event would have caused them to lose coverage under the plan had the first qualifying event not occurred.

## ***Protect Your Rights***

- Always keep the plan administrator informed of any address change for any family member.
- Whenever you correspond with the plan administrator, keep a copy for your records.
- For answers to your questions about your group health plan, review your Summary Plan Description or contact the plan administrator.
- For answers to questions concerning your rights under COBRA, ERISA, HIPAA and other laws affecting group health plans, contact the nearest regional or district office of the U.S. Department of Labor's Employee Benefits Security Administration, or visit the EBSA Web site at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

# IMPORTANT BENEFIT NOTICES FOR FY18

## 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 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 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](http://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](http://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.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free **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. You should contact your State for further information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid and CHIP</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>ALASKA – Medicaid</b>	
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	
<b>ARKANSAS – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtprecovery.com/hipp/">https://www.flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507



# IMPORTANT BENEFIT NOTICES FOR FY18

<p align="center"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64          Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a>          Phone: 1-877-438-4479          All other Medicaid          Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>          Phone 1-800-403-0864</p>	<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>          Phone: 1-800-694-3084</p> <p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website:  <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a>          Phone: 1-855-632-7633</p>
<p align="center"><b>IOWA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a>          Phone: 1-888-346-9562</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a>          Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>          Phone: 1-785-296-3512</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website:  <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a>          Phone: 603-271-5218</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a>          Phone: 1-800-635-2570</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>          Medicaid Phone: 609-631-2392          CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>          CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website:  <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>          Phone: 1-888-695-2447</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>          Phone: 1-800-541-2831</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a>          Phone: 1-800-442-6003          TTY Maine relay 711</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>          Phone: 919-855-4100</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>          Phone: 1-800-462-1120</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>          Phone: 1-844-854-4825</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>          Phone: 1-800-657-3739</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>          Phone: 1-844-854-4825</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>          Phone: 573-751-2005</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>          Phone: 1-844-854-4825</p>

# IMPORTANT BENEFIT NOTICES FOR FY18

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipprogram/index.htm</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">www.eohhs.ri.gov/</a> Phone: 401-462-5300	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 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/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

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## Health Insurance Marketplace Coverage Options and Your Health Coverage

When key parts of the Affordable Care Act took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace coverage and the employment-based health coverage offered by USP.

### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2017 for coverage starting January 1, 2018.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if USP does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.


### **Does USP Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from USP that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in USP's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if USP does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from USP that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage USP provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by USP, then you may lose the USP contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description, contact USP at **1-800-481-4887** or visit [www.AmtrakBenefits.com](http://www.AmtrakBenefits.com). 

For more information about coverage available through the Marketplace, visit [HealthCare.gov](http://HealthCare.gov). Information that can help you evaluate your Marketplace coverage options, including your eligibility for coverage and its cost, along with online applications for coverage and contact information for a Health Insurance Marketplace in your area are included on [Healthcare.gov](http://Healthcare.gov).

If you decide to complete an application for coverage in the Marketplace, you will be asked to provide some basic information about the health coverage offered by USP:

The coverage USP offers to eligible employees meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on employee wages.

Even though USP intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount.

#### **Employer Name: USP**

Employer Identification Number (EIN) – Reference your W2 for this information

#### **Employer Contact Information:**

For Information about Employee Health Coverage at USP, contact:

- USP Benefits Call Center
- Phone: (800) 820-5090
- Email: [pabenefits@cbiz.com](mailto:pabenefits@cbiz.com)

# IMPORTANT BENEFIT NOTICES FOR FY18

## Discrimination is Against the Law

USP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. USP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. USP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Vice President of Human Resources at USP. If you believe that USP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Vice President, Human Resources  
301-816-8539

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Vice President of Human Resources at USP is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019  
800-537-7697 (TDD)

Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION:** If you speak another language, language assistance services, free of charge, are available to you. USP Benefits Call Center 800-820-5090 or email: [pabenefits@cbiz.com](mailto:pabenefits@cbiz.com).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame USP Benefits Call Center 800-820-5090 or email: [pabenefits@cbiz.com](mailto:pabenefits@cbiz.com).