



## 2024 FEDERAL ANNUAL NOTICES

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### Women's Health and Cancer Rights Act (WHCRA)

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 (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. You may contact your plan administrator for more information at: 888-690-2020.

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### Medicaid and the Child Health Insurance (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 dependent(s) are NOT currently enrolled in Medicaid or CHIP and you think your dependent(s) might be eligible, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan. If you or your dependent(s) 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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3271).

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### Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Privacy Notice

One of the many components of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is privacy of an individual's Protected Health Information (PHI). The HIPAA privacy rule requires a health plan to remind plan participants no less frequently than once every three years of the availability of its notice of privacy practices as well as how to obtain a copy. Remember, it is the Privacy Practices adopted by your employer that must be distributed to all employees. You can access additional information about the required reminder notice to employees at the Office for Civil Rights website, <http://www.hhs.gov/ocr/hipaa> and clicking on FAQs, Notice of Privacy Practices.

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### HIPAA Special Enrollment Rights

If you and/or your dependents lose other group health coverage, or you acquire a dependent, such as, marriage, birth, or adoption, you have special enrollment rights in the employer's group health plan allowing you to enroll dependents during the year other than open enrollment. **You must submit a completed application for enrollment in the health plan to the employer within 31 days of the loss of other coverage or dependent acquisition in order to enroll the dependents. Failure to enroll within 31 days results in waiting until open enrollment.**

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### Affordability Care Act (ACA) / Health Care Reform Updates

**Employer Mandate** – For 2015 and after, employers employing at least 100 employees (2016 for employers employing 50-99) will be subject to the Employer Shared Responsibility provisions under the ACA. If these employers do not offer affordable health coverage that provides a minimum level of coverage to their full-time employees (and their dependent children), the employer may be subject to an Employer Shared Responsibility payment. As defined by the statute, a full-time employee is an individual employed on average at least 30 hours of service per service week.

**Uniform Summary of Benefits Coverage (SBC):** Distribution to employees and dependents is required as follows: During the annual open enrollment period; Within 7 days following a request; Under a HIPAA special enrollment, to special enrollees within 7 days of a request for enrollment; With any written application materials distributed prior to an employee enrolling in a plan option; If renewal enrollment is automatic, to employees at least 30 days prior to the renewal date; SBC must be distributed to employees and dependents if they live separately.

**In-Network Out-Of-Pocket (OOP) Maximums:** Plans issued or renewed beginning January 1, 2023, cannot have In-Network OOP maximums (medical & RX combined) that exceed \$9,450 for single coverage or \$18,900 for family coverage which includes any deductibles, copays and coinsurance.

**Flexible Spending Accounts (FSA):** Health FSA 2024 annual limit is \$3,200.

**HDHP Deductible & Out-Of-Pocket (OOP) Maximums:** Minimum deductible for single coverage is \$1,600; family is \$3,200. The maximum out-of-pocket for single coverage cannot exceed \$8,050 for single coverage or \$16,100 for family coverage.

**HSA Contribution Limits:** The contribution limit for single coverage is \$4,150; family is \$8,300. Those 55+ can contribute an additional \$1,000 for single or family coverage.

Taking Service to the Next Level