

Washington County School
District
Group Health Plan
**Annual Required Legal Notices
and Disclosures for Plan
Participants**

List of Notices and Disclosures

HIPAA Notice of Privacy Practices

HIPAA Special Enrollment Notice

Women's Health and Cancer Rights Act Notice

Patient Protection Provider Choice Disclosure

Medicare Part D Notice of Creditable Rx Coverage

Wellness Program Notice/Disclosure

If you want additional information on any of these notices or the benefits they address, contact Tammara Robinson, WCSD Benefits Specialist at 435-673-3553 x 5119, 121 W Tabernacle, St. George, UT 84770, tammara.robinson@washk12.org.

HIPAA Notice of Privacy Practices

Your Information.

Your Rights.

Our Responsibilities.

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.**

Effective date of this Privacy Notice is: 08/01/2016

If you have questions or want to file a complaint, contact the Employer's Privacy Officer:

Tammara Robinson, WCSD Benefits Specialist at 435-673-3553 x 5119, 121 W Tabernacle, St. George, UT 84770,
tammara.robinson@washk12.org.

PHI

What is Protected Health Information (PHI)?

PHI means individually identifiable health information, as defined by HIPAA, that is created or received by a medical provider or the plan or an insurance company that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

Your Rights

You have the right to:

- Get a copy of your protected health information
- Correct your protected health information
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Administer the group health plan
- Pay for your health services or help resolve claims issues
- Comply with the law
- Respond to lawsuits and legal actions
- Address workers' compensation, law enforcement, and other government requests
- Help with public health and safety issues

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your protected health information

- You can ask to see or get a copy of your protected health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your protected health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your protected health information

- You can ask us to correct your protected health information that the plan has, if you think it is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain protected health information for treatment, payment, or health plan operations.
- We are not required to agree to your request, and we may say “no”.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your protected health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- If you want an accounting from your health insurer, you must request that directly from them. The employer Privacy Officer will only have a list of protected health information the plan sponsor shared in operating the plan or resolving payment issues.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Pay for your health services

- We can request, use and disclose your PHI as we pay for your health services or help resolve claims at your request.
- *For example, if we offer a Health FSA, we (through the FSA Administrator) may use information about your medical services to process and pay claims.*

Health Care (Plan) Operations

- We can use and disclose your information to administer and manage the group health plan.
- *For example, this may include activities relating to the creation, renewal, or replacement of your group health plan coverage, business management, and other functions related to your group health plan. If any part of the plan is self insured, we also may use PHI for activities relating to reinsurance, auditing, and quality improvement.*
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Family and Friends Involved in Your Care

- If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals.
- *For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.*

Business Associates

- The group health plan sometimes contracts with third parties or organizations to help administer or manage the plan or to provide services for the plan.
- *For example, we might contract with vendors to help process and pay your claims, or to review utilization of services. These vendors are called “business associates,” and we will provide PHI to them only if we have a signed “business associate agreement” in place with them.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations, although it is really the insurer not the plan sponsor who would have relevant health information:

- Public health issues – preventing the spread of disease
- Helping with product recalls of medical devices
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research, although the plan rarely if ever uses it for this purpose.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual die

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

The health plan does not sell your information or use it for marketing purposes. If the plan ever wanted to in the future, we could not unless you give us permission.

Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

HIPAA Special Enrollment Notice

This notice explains your right to enroll in or make changes to your group health insurance coverage mid-year.

Loss of Other Coverage

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 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage), except as specified below for Medicaid or CHIP coverage.

Marriage, Birth or Adoption

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 30 days after the marriage, birth, adoption, or placement for adoption.

Medicaid or CHIP Coverage

If you or your dependents become eligible to participate in a Medicaid or Children's Health Insurance Plan (CHIP) premium assistance program, you may enroll for coverage under our health plan if you notify the plan administrator within 60 days after you become eligible to participate in Medicaid or CHIP.

If you or your dependents lose coverage under a Medicaid or CHIP premium assistance program due to loss of eligibility, you may enroll in our health plan if you apply to enroll within sixty (60) days of the loss of coverage under Medicaid or CHIP. If you enroll within sixty (60) days, the effective date of coverage is the first day after your Medicaid or CHIP coverage ended.

To request special enrollment or obtain more information, contact the Plan Administrator at **contact Tammara Robinson, WCSB Benefits Specialist at 435-673-3553 x 5119, 121 W Tabernacle, St. George, UT 84770, tammara.robinson@washk12.org.**

Women's Health and Cancer Rights Act 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, co-payments and coinsurance applicable to other medical and surgical benefits provided under this plan. See the SelectHealth Summary Plan Description or Benefits Summary.

Following the initial reconstruction, any additional modification or revision is covered only to the extent that it is not otherwise limited or excluded from coverage by your plan.

For additional information on WHCRA benefits, contact SelectHealth at 800-538-5038.

Medicare Part D Notice of Creditable Coverage

Important Notice from Washington County School District About Your Prescription Drug Coverage and Medicare

If you or your dependents are not eligible for Medicare, you may disregard this notice.

This notice applies to those covered under the SelectHealth Medical Benefit 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 our Benefit 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. Washington County School District has determined that the prescription drug coverage offered by the SelectHealth Medical 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 drug plan.

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 decide to join a Medicare drug plan, your current SelectHealth Medical Plan coverage will not be affected. Medicare eligible individuals who become eligible for Medicare Part D can keep this coverage if they elect Part D and this plan will pay primary to Medicare Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage under our plan, be aware that you and your dependents will not be able to get back this coverage back except at the next annual open enrollment or if you have a "special enrollment" event.

Medicare Part D Notice of Creditable Coverage

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 Washington County School District 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 at the number 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 Washington County School District Plan 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).

Date:	August 1, 2016
Name of Entity/Sender:	Washington County School District
Contact--Position/Office:	Tammara Robinson, Benefits Specialist
Address:	121 W Tabernacle, St. George, Utah 84770
Phone Number:	435-673-3553 extension 5119

Wellness Program Notice / Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Tammara Robinson at 435-673-3553 x5119 or tammara.robinson@washk12.org and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

WCSD WELLNESS INCENTIVE PROGRAM CREDIT ACTIVITY OPTIONS

Employees will need to complete **6** wellness incentive points **and** the on-line SelectHealth Health Risk Assessment by June 30, 2017 for the benefit year that begins on August 1, 2017.

All benefited employees and their spouses that wish to have the MONTHLY wellness premium discount of \$50 for employee and \$50 for spouse in the 2017-2018 benefit year will need to complete the wellness incentive points by June 30, 2017.

1) Both employee and spouse need to complete 6 wellness credits (2 preventive and 4 wellness options). The Wellness Incentive Credits will need to be entered on the WCSD Fitness website in order to get the wellness incentive premium discount at <https://fitness.washk12.org/>

2) Both employee and spouse need to have a preventive care visit with your physician. *This visit counts as a preventive credit!* Have your glucose, blood pressure, and cholesterol tested. Annual preventive care visits should not cost benefited employees any out-of-pocket fees. The testing is comprehensive and your physician can work with you based on the results of the testing. You will need to enter the information in the SelectHealth on-line Health Risk Assessment once you have your results.

***Employees and spouses must complete the following by June 30, 2017 to be eligible for the wellness premium reduction (\$50 per employee and \$50 per spouse each month):

- *2 wellness incentive credits under Preventive (includes physical exam)
- *4 wellness incentive credits under Wellness Options
- *Complete the SelectHealth on-line Health Risk Assessment

For more details about the WCSD Employee Wellness Incentive Program, go to:

<http://wellness.washk12.org/>

Patient Protection Provider Choice Disclosure

Our group health 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. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the SelectHealth at 800-538-5038.

You do not need prior authorization from our 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.