

**Bedford Public Schools**  
**IMPORTANT INFORMATION ABOUT YOUR MEDICAL PLAN**

**WHO YOU CAN COVER UNDER THE MEDICAL PLAN**

- Yourself;
- Your Spouse;
- Your eligible children up to age 26 or through the end of the year in which the individual turns age 26.

**HIPAA SPECIAL ENROLLMENT PERIODS**

**Loss of Other Coverage**

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance 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 to the other coverage). However, you must request enrollment within 30 days after the other coverage ends (or after the employer stops contributing to the other coverage).

**New Dependent**

If you gain a new dependent as the result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that enrollment is requested within 30 days after the marriage, birth, adoption, or placement for adoption.

**AUTOMATIC ENROLLMENT**

If you are a full-time employee, health care reform law may require your employer to automatically enroll you for health care coverage. You will be notified of your enrollment and will have the right to opt-out of coverage by following instructions your employer will provide to you.

**CHILDREN'S HEALTH INSURANCE PROGRAM AND MEDICAID ELIGIBILITY CHANGES**

If you or your dependents are eligible for medical coverage in this Plan but are not enrolled, you have 60 days to enroll in the Plan in the following two circumstances:

- If you or your eligible dependents' Medicaid coverage or coverage under the state Children's Health Insurance Program (CHIP) is terminated due to loss of eligibility; or
- If you or your dependents become eligible for a premium assistance program in the state in which you reside.

**NOTICE OF WOMEN'S HEALTH AND CANCER RIGHTS ACT**

This Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides group health benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema (swelling caused by the removal of lymph nodes). Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the Plan.

## **NEWBORNS AND MOTHERS HEALTH PROTECTION NOTICE**

Group health plans generally may not, under federal law, restrict benefits for any hospital length of stay for the mother or newborn child in connection with childbirth 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 health care provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours, if applicable). In any case, the Health Plan will not require a provider to obtain authorization from the Health Plan for prescribing a length of stay of 48 hours (or 96 hours, if applicable) or less.

## **NOTICE OF ELIGIBILITY FOR HEALTH PLAN RELATED TO MILITARY LEAVE**

If you take a military leave, the Uniformed Services Employment and Reemployment Rights Act (USERRA) provides the following rights:

- If you take a leave from your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage at your cost for you and your dependents for up to 24 months during your military service.
- If you don't elect to continue coverage during your military service, you have the right to be reinstated in the Plan when you are reemployed, without any additional waiting period or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

The Plan Administrator can provide you with information about how to elect continuation coverage under USERRA.

## **PATIENT PROTECTION NOTICES**

When applicable, it is important that individuals enrolled in a plan or health insurance coverage know of their rights. Accordingly, the federal Affordable Care Act (ACA) mandates that a Summary of Benefits and Coverage (SBC) document is available to all employees for medical plans for which they are eligible. These SBC's are available from your Plan administrator or can be found at [www.bedford.k12.mi.us](http://www.bedford.k12.mi.us) under "Staff Resources".

## **W-2 REPORTING**

The health care reform law requires some employers to report the cost of employer sponsored group health coverage. You may see this reported in Box 12 of your W-2 form. This is an employer reporting requirement only and it won't have an impact on your taxable income or require you to report it on your personal income taxes.

## **HEALTH INSURANCE EXCHANGE**

Beginning in 2014, state/federal-run programs called "health insurance exchanges" will allow individuals and qualified small employers to comparison-shop for health insurance online. Plans in the exchange will have standard levels of benefits – for example, a "gold" plan will have certain features and a "silver" plan will have certain features. Subsidies will be available to low-income people and small businesses that buy insurance through an exchange. For more information regarding the Health Insurance Marketplace, you can visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

## **HIPAA NOTICE OF PRIVACY PRACTICES**

Your employer is committed to maintaining the privacy of protected health information for participants in the Plan. This is a reminder that in compliance with the privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) a Notice of Privacy Practices is available to employees. This notice of Privacy Practices explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copy or for further information regarding the issues covered by this Notice of Privacy Practices, please contact the Plan Administrator or go to [www.bedford.k12.mi.us](http://www.bedford.k12.mi.us) under "Staff Resources" .

## **NOTICE OF RIGHT TO RECEIVE A CERTIFICATE OF CREDITABLE COVERAGE**

The Health Insurance Portability and Accountability Act (HIPAA) was enacted to help you maintain your health coverage when you need to change jobs. If you lose coverage under the Plan, the Plan will provide you with a certificate that shows how long you had coverage under the Plan. This is your "creditable coverage." Using this certificate of creditable coverage, you will be able to reduce or eliminate any pre-existing condition exclusion imposed by a new employer plan or group insurance policy. You will automatically receive a certificate:

- When you become a qualified beneficiary entitled to elect COBRA coverage.
- When you lose medical coverage, even though you are not entitled to elect COBRA coverage.
- When your COBRA continuation coverage ends.

You may also request a certificate at any time or within 24 months after your medical coverage ends.

## **CONTINUATION OF HEALTH CARE COVERAGE**

You can continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review your summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights. For a copy of your COBRA Rights, please contact your Plan administrator or go to [www.bedford.k12.mi.us](http://www.bedford.k12.mi.us) under "Staff Resources".

## **PLAN ADMINISTRATOR CONTACT INFORMATION:**

For more information about any of the notices contained herein, or any of your rights under the Plan, please contact the Plan Administrator at:

Bedford Public Schools  
Pam May, HR/LR Benefits Secretary  
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Temperance, MI 48182  
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