

## Employee Notifications

**Employee Responsibility:** Once you enroll in a health insurance plan, it is your responsibility to maintain your file. You are required to notify the Benefits Office within 30 days of any life changing event such as divorce, death or the aging off of dependent children. If you fail to report these changes timely, you may incur costs if the insurance is used or a premium is paid unnecessarily. You are also required to report additions to your insurance **within 30 days** of the event (marriage, birth and adoption). Failure to report additions timely will result in a delayed effective date. In addition, contact information such as addresses and telephone numbers must be kept current at all times. These changes must also be made within 30 days.

**Dependent Eligibility Guidelines for Health Insurance:** See separate enclosure in packet.

### Open Enrollment – Held Annually Every November

Employees are able to change their health insurance plan. If you wish to change your insurance, you must file an application with the Benefits Office between November 1<sup>st</sup> and November 30<sup>th</sup>. Your new coverage will take effect January 1<sup>st</sup> of the following calendar year. If you missed the opportunity to add a dependent within the 30 day window following a qualifying event, this is your chance to do so.

**Summary of Benefits and Coverage (SBC):** The Patient Protection and Affordable Care Act (PPACA) requires Group Health Plans to provide a Summary of Benefits and Coverage to employees for each available health insurance plan. These comprehensive descriptions were designed to provide standardized information for the purpose of comparison and are included in this packet.

**COBRA:** The Consolidated Omnibus Reconciliation Act (COBRA) requires employers to offer eligible persons who lose group health insurance coverage, the opportunity to temporarily (up to 36 months) continue coverage at their own expense. Should your District sponsored coverage end, you and each eligible family member may apply for continuation either as a family or independently. The complete COBRA Initial Notice is available for review on the district website.

**HIPAA:** The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires group health plans to notify you regarding their policies and practices governing the confidentiality of your medical information. These policies and practices were first effective beginning April 14, 2003. Each Plan’s privacy policy and practices protect confidential medical information that identifies you and relates to a physical or mental health condition, or the payment of your health care expenses. This individually identifiable medical information is known under HIPAA as Protected Health Information (PHI). Your PHI will not be used or disclosed by any Plan without a written authorization from you, except as described in the Plan’s Notice or as otherwise permitted by federal and state medical information privacy laws. The complete Plan Notice is available on the District website.

**Grandfathered Status:** The Buffalo Board of Education healthcare plan is a “Grandfathered Health Plan”. Grandfathered status preserves certain basic health coverage that was already in effect when the law was enacted. Being a Grandfathered Health Plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, Grandfathered Health Plans must comply with certain other consumer protections in the Act, for example, the elimination of lifetime limits on benefits.

**Women’s Health and Cancer Rights Act (WHCRA):** Your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema. Call Blue Cross Blue Shield at 1-888-299-2263 for more information.

**Newborns’ And Mothers’ Health Protection Act (NMHPA)** Provides coverage for inpatient maternity care in a hospital for the mother, and inpatient newborn care in a hospital for the infant for at least 48 hours following any delivery other than a caesarian section delivery and at least 96 hours following a caesarian section delivery. The care provided shall include parent education, assistance and training in breast or bottle feeding, and the performance of any necessary maternal and newborn clinical assessments. Additional days of such care are also covered when medically necessary.

**Exchange Notice:** The Patient Protection and Affordable Care Act (PPACA) requires the District to provide notice to its employees regarding the implementation of the Health Insurance Marketplace. This notice is included in your benefit package.

**403(b) Universal Eligibility Notice:** See separate enclosure regarding opportunity to save for retirement.