

## **Important Notices**

### ***Grandfathered Medical Plan under Health Care Reform***

The Archdiocese of Boston believes that the Roman Catholic Archdiocese of Boston Health Benefit Trust (the “Plan”) is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (“Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Health 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 Affordable Care Act such as the elimination of lifetime limits on benefits.

Questions about which protections apply and which protections do not apply and what might cause a plan to change from grandfathered health plan status can be directed to the Benefits Administration Office at (617) 746-5640 or via e-mail at [benefits@rcab.org](mailto:benefits@rcab.org). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

### ***Hospital Stays for New Mothers and Newborns***

Under federal law, health plans may not restrict benefits for any length of stay in a hospital for new mothers and their newborn child(ren) to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. The mother and newborn’s attending provider is not required to obtain authorization from the health plan for prescribing a length of stay over 48 (or 96) hours and may also discharge the mother and newborn (after consulting with the mother) earlier than 48 (or 96) hours.

### ***Women’s Health and Cancer Rights Act***

The Roman Catholic Archdiocese of Boston Trust Health Plan (the “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. Contact the Benefits Administration Office at (617) 746-5640 for more information.

### ***Section 125 Cafeteria Plan Amendment Notice***

Subject to certain IRS limited exceptions, elections relating to health or dental coverage are irrevocable during The Archdiocese of Boston Health Benefit Trust (the “Plan”) plan year (October 1-September 30). The IRS recently added another exception which the Plan has adopted effective October 1, 2015. Under this new exception, subject to certain conditions, an election of coverage under a group health or dental plan (but not a flexible spending account) may be revoked to purchase coverage through a Health Insurance Exchange (a “Marketplace”) such as the Massachusetts Health Connector in two situations: (1) an employee who was reasonably expected to work an average of at least 30 hours per week has a change where he or she will be reasonably expected to work less than 30 hours per week (regardless of whether health plan eligibility is lost) or (2) the employee is eligible for a Special Enrollment Period to enroll in a Qualified Health Plan or the employee seeks to enroll in a Qualified Health Plan through a Marketplace during the Marketplace’s annual open enrollment period. Conditions apply to both of those situations (*e.g.*, when the new Marketplace coverage must be effective) and for more information about those conditions, please contact Carol Gustavson at [cgustavson@rcab.org](mailto:cgustavson@rcab.org) or (617) 746-5830.

### ***HIPAA Special Enrollment***

If you have declined enrollment in The Archdiocese of Boston Health Benefit Trust (the “Plan”) for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

### ***Medicaid/CHIP – Special Enrollment***

The Archdiocese of Boston Health Benefit Trust (the “Plan”) will also hold a special enrollment opportunity for employees and their eligible dependents that have either:

- Lost Medicaid or Children’s Health Insurance Program (CHIP) coverage because they are no longer eligible, or
- Become eligible for a state’s premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Plan. Note that this new 60-day extension doesn’t apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Please see the enclosed notice for additional information.

### ***HIPAA Privacy Notice Reminder***

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require The Archdiocese of Boston Health Benefit Trust (the “Plan”) to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice 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 of the Privacy Notice contact the Benefits Administration Office at (617) 746-5640 for more information.

You may also contact Carol Gustavson at [cgustavson@rcab.org](mailto:cgustavson@rcab.org) for more information on the Plan’s privacy policies or your rights under HIPAA.

## 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’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 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.

If you or your dependents 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 (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. Contact your State for more information on eligibility –**

<b>MAINE – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347
<b>NEW HAMPSHIRE – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://www.dhhs.nh.gov/oi/documents/hippapp.pdf">http://www.dhhs.nh.gov/oi/documents/hippapp.pdf</a> Phone: 603-271-5218	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/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



## **Important Notice from the Roman Catholic Archdiocese of Boston Health Benefit Trust about Creditable Prescription Drug Coverage and Medicare *August 2017***

The purpose of this notice is to advise you that the prescription drug coverage listed below under The Archdiocese of Boston Health Benefit Trust Health Plan (the “Plan”) is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2018. This is known as “creditable coverage.”

**Why this is important.** If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2018 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

### **Notice of Creditable Coverage**

Please read this notice carefully. It has information about prescription drug coverage under the Plan and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the Plan, you’ll be interested to know that the prescription drug coverage under the Plan is, on average, at least as good as standard Medicare prescription drug coverage for 2017. This is called creditable coverage. Coverage under this plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop coverage under the Plan, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Plan.

You should know that if you waive or drop coverage under the Plan and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if the prescription drug coverage under the Plan changes, or upon your request.

### **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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:  
Carol Gustavson, Plan Administrator, 66 Brooks Drive, Braintree, MA 02184;  
(617) 746-5830; [benefits@rcab.org](mailto:benefits@rcab.org); [www.bostoncatholicbenefits.org](http://www.bostoncatholicbenefits.org).