



# MyHealth360

## 2017 Legal Notices

*You are receiving a copy of this 2017 Legal Notices Booklet because you currently are eligible to participate in Piedmont's various benefit programs. Copies of the legal notices contained in this Booklet, as well as copies of the various benefit program summary plan descriptions (and other summary materials), are available on the HR section of the Piedmont Healthcare intranet site. You may also request a hardcopy of any of these legal notices or summary plan descriptions by contacting the HR Service Center at 678.503.1900.*

*If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the notice beginning on page 5 for more details.*

## Women's Health and Cancer Rights Protections

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and physical complications of mastectomy, including lymph edemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

Contact your plan administrator for more information.

## Special Enrollment Notice

You and your eligible dependents may enroll in Piedmont Healthcare's medical benefit program (the "Plan") under the following circumstances:

- **Individuals Losing Other Coverage.** If you declined coverage under the Plan when it was first available because of other health coverage, and that coverage is later lost on account of:
  - Exhaustion of COBRA Continuation Coverage,
  - Lost Eligibility for Other Coverage, or
  - Termination of employer contributions towards the other coverage,

you and your eligible dependents may enroll in the Plan, as long as you request enrollment within 31 days of the date you lost that other coverage. Your enrollment will take effect no later than the first day of the first month beginning after the date the Plan receives your timely request to enroll.

**"Lost Eligibility for Other Coverage"** means a loss of other health coverage as a result of your legal separation or divorce, a dependent's loss of dependent status, death, termination of employment or reduction in number of hours of employment, meeting or exceeding a lifetime limit on health benefits, or you no longer reside, live or work in the service area of a health maintenance organization in which you participated.

- **New Eligible Dependents.** If you initially declined enrollment for yourself or your eligible dependents and you later have a new eligible dependent because of marriage, birth, adoption, or placement for adoption, you may enroll yourself and your new eligible dependents (including an eligible dependent spouse if you have a new eligible dependent child), as long as you request enrollment within 31 days of the marriage, birth, adoption, or placement for adoption. For example, if you and your eligible dependent spouse have a child, you may enroll yourself, your eligible dependent spouse and your new child in the Plan, even if you were not previously enrolled. You will not, however, be able to enroll existing eligible dependent children for whom coverage has been waived in the past.

For birth, adoption, or placement for adoption, your or your eligible dependent's participation will start as of the date of the birth, adoption, or placement for adoption, as long as you timely requested enrollment. For marriage, your or your eligible dependent's participation will start no later than the first day of the first month beginning after the date the Plan receives your timely request to enroll.

- **Medicaid and CHIP.** If you or your eligible dependent children are eligible for but not enrolled in the Plan, and you or your eligible dependent children:
  - lose coverage under Medicaid or a State child health plan ("CHIP"),

or

- become eligible for a premium assistance subsidy through Medicaid or CHIP,

you and your eligible dependent children may enroll in the Plan, as long as you request enrollment within 60 days of the loss of coverage or the date you or your eligible dependent children became eligible for the premium subsidy. Your enrollment will take effect no later than the first day of the first month beginning after the date the Plan receives your timely request to enroll.

These 31-day and 60-day periods are "Special Enrollment Periods."

To request special enrollment or obtain more information, contact Human Resources at 678.503.1900.

## Notice Regarding Wellness Program

The wellness program offered under the Piedmont Healthcare, Inc. Comprehensive Health and Welfare Benefits Plan (the "Plan") is a voluntary wellness program available to all employees who enroll in the Plan's medical benefit program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act of 1996, as applicable.

If you choose to participate in the wellness program, you will have the opportunity to earn dollars in your Healthy Incentive Account by completing a number of different wellness activities. For example, you may complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also complete a biometric screening, which will include a blood test for certain conditions such as cholesterol and blood sugar levels. The wellness program also includes a disease management component for certain eligible employees, encourages you to track and report your activity levels, and provides online learning opportunities.

You are not required to complete the HRA or to participate in the blood test or any other medical examinations or activities offered as part of the Plan's wellness program. However, employees who choose to participate in the wellness program will receive dollars in their Healthy Incentive Accounts for completing these activities, as outlined in the Plan's open enrollment materials. If you do not complete the HRA or participate in the biometric screening, or complete any of the other wellness activities available under the wellness program, you will not be eligible to receive these incentives.

If you are unable to participate in any of the wellness program's health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources Department at 678-503-1900.

If you choose to participate, the information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you additional services through the wellness program, such as the opportunity to participate in a disease management program. You also are encouraged to share your results or concerns with your own doctor.

### *Protections from Disclosure of Medical Information*

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Plan's wellness program and Piedmont Healthcare may use aggregate information collected through the wellness program to design a program based on

identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals outside of the Plan and its service providers who will receive your personally identifiable health information are health care professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. The wellness program is subject to the privacy rules under the Health Insurance Portability and Accountability Act of 1996 and complies with those rules as outlined in the Plan's Notice of Privacy Practices.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources Department at 678-503-1900.

## Continuation Coverage Rights Under COBRA\*\*

### Introduction

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

## When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

## You Must Give Notice of Some Qualifying Events

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:**

Piedmont Healthcare  
Human Resources  
2727 Paces Ferry Rd.,  
Building 2, Suite 900  
Atlanta, GA 30339  
Phone Number: 678-503-1900

You will be required to provide proof of the qualifying event.

### **How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus eight months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### **Disability extension of 18-month period of continuation coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the COBRA Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You will be required to provide a copy of your SSA determination letter to our COBRA Administrator:

Allegiance COBRA Services, Inc.  
PO Box 2097  
Missoula, MT 59806  
800-259-2738

You must provide the SSA's disability determination to the COBRA Administrator before the end of the original 18-month period of continuation coverage and within 60 days after the latest of: (1) the date of the disability determination by the SSA; (2) the date on which the qualifying event occurred; or (3) the date on which you or your spouse or dependent child would lose coverage under the Plan as a result of the qualifying event.

### **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. You must send a written notice of the second qualifying event to the COBRA Administrator at the following address within 60 days after the latest of: (1) the date of the second qualifying event; or (2) the date on which your spouse or dependent child would lose coverage under the Plan as a result of the second qualifying event:

Allegiance COBRA Services, Inc.  
PO Box 2097  
Missoula, MT 59806  
800-259-2738

This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator or the COBRA Administrator.

### **Plan Contact Information**

Piedmont Healthcare  
Human Resources  
2727 Paces Ferry Rd, Building 2 Suite 900  
Atlanta, GA 30339  
Phone Number: 678-503-1900

### **Important Notice from Piedmont Healthcare About Your Prescription Drug Coverage and Medicare**

This notice applies to you if you are currently eligible for coverage for Medicare or expect to become eligible soon. Medicare is a health insurance program for:

- People age 65 or older
- People under 65 with certain disabilities
- People of all ages with End Stage Renal disease.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Piedmont Healthcare and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

**You are responsible for providing a copy of this notice to your Medicare eligible dependents covered under Piedmont Healthcare's prescription drug benefit program.**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. Piedmont Healthcare has determined that the prescription drug coverage offered by Espress Scripts (formerly Medco) is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage (i.e., Creditable Coverage), you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through 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.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you decide to join a Medicare drug plan, your current Piedmont Healthcare coverage will not be affected. You may keep this coverage and this plan will coordinate with Part D coverage. **If you do decide to enroll in a Medicare medical and/or prescription drug plan and drop your Piedmont Healthcare coverage, you and your dependents will be able to re-enroll in this coverage at the next open enrollment period if you are still eligible.**

**Please contact Human Resources at 678-503-1900 for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.**

You should also know that if you drop or lose your current coverage with Piedmont Healthcare and don't enroll in Medicare prescription drug coverage within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage 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 Creditable 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 as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

**For more information about this notice or your current prescription drug coverage . . .**

Contact Human Resources at 678-503-1900. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Piedmont Healthcare changes. You also may request a copy.

**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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see 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.

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

**Remember: Keep this Creditable Coverage notice. If you enroll in a Medicare prescription drug plan, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium amount (a penalty).**

Date: October 2016  
Name of Entity/Sender: Piedmont Healthcare  
Contact—Position/Office Human Resources  
2727 Paces Ferry Rd, Building 2 Suite 900  
Atlanta, GA 30339  
Phone Number: 678-503-1900

**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).

**PIEDMONT HEALTHCARE, INC. COMPREHENSIVE HEALTH AND WELFARE BENEFITS PLAN  
NOTICE OF PRIVACY PRACTICES**

**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.**

Piedmont Healthcare, Inc. (the “Plan Sponsor”) sponsors the Piedmont Healthcare, Inc. Comprehensive Health and Welfare Benefits Plan (the “Plan”), which offers group medical, dental, prescription drug, vision, wellness, and health care flexible spending account benefit programs to eligible employees and their dependents. The Plan also offers an employee assistance program and a health reimbursement account. The

healthcare flexible spending account benefit portion of the Plan allows for salary redirection for uninsured medical expenses that you or your eligible dependents may receive. With respect to these group health benefit programs offered under the Plan, including the healthcare flexible spending account benefit portion of the Plan, we are required by the federal Privacy Rule to protect your medical information (called “protected health information” or “PHI”), provide you with this Notice of Privacy Practices (the “Notice”) describing our legal duties and privacy practices, and abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and privacy policies, and to make the new terms applicable to all PHI it maintains. If the Plan makes a change to its privacy policies, it will promptly provide you with a revised Notice via the Plan website on the intranet.

**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 July 31, 2016. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>  Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – 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.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100

<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – 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.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

These privacy practices may not be the same as those adopted by your health care providers. Please check with your providers if you want to understand their privacy practices. You may also receive separate privacy notices from insurance companies that insure your group health benefits. This Notice does not apply to medical information relating to disability, workers' compensation, life insurance benefits or any other health information not created or received by the Plan.

**Uses and Disclosures for Treatment, Payment and Health Care Operations.** The Plan may use, disclose, or share your PHI for the purposes of treatment, payment and health care operations, without obtaining written authorization from you.

**For Treatment.** The Plan may use and disclose PHI in the course of managing or coordinating your treatment. For example, PHI may be used and disclosed to coordinate and manage the activities of different health care providers who provide you with health care services.

**For Payment.** The Plan may use and disclose your PHI as part of activities related to the Plan's payment for health care services. For example, the Plan may disclose your PHI to third parties, including third-party administrators and insurers hired by the Plan to make health benefit coverage determinations, to pay health care providers, to determine subrogation rights and coordinate benefits.

**For Health Care Operations.** The Plan may use and disclose PHI as part of its general business operations. For example, the Plan may disclose your PHI to assess the overall performance of the Plan to audit claims processing and payment activities, or for legal services. The Plan will use and disclose your PHI for the management and administrative activities of the Plan.

**Other Uses and Disclosures for Which Authorization is Not Required.** In addition, the Plan may use and disclose PHI without your written authorization as described below:**As Required by Law, Judicial or Law Enforcement Purposes.** The Plan may use or disclose PHI when required by law. The Plan may disclose PHI in judicial or administrative proceedings and in response to a subpoena or other legal process, if the Plan is assured the requesting party made a good faith attempt to provide written notice of such disclosure to you. The Plan may also disclose your PHI for law enforcement purposes.

**For Health Oversight Activities.** The Plan may disclose PHI to the government for oversight activities, such as audits, investigations, and other activities for monitoring the health care system, government programs, and compliance with civil rights laws.

**Uses and Disclosures for Involvement in Your Care.** Unless you object, the Plan may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. The Plan may use or disclose information to family members or others involved in the care or payment for health care of deceased individuals. Upon request, PHI may be released fifty (50) years after an individual's death.

**To Avoid a Serious Threat to Health or Safety or in Disaster Relief Efforts.** The Plan may use and disclose your PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public. We may also disclose your PHI to an organization assisting in disaster relief efforts so your family can be notified about your location, condition and status. If you do not want us to disclose information for disaster relief efforts, we will not do so unless we must respond in an emergency.

**Specialized Government Functions.** The Plan may use and disclose PHI of military personnel and veterans under certain circumstances. The Plan may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the

provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

**Workers' Compensation.** The Plan may disclose PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

**Disclosures to Plan Sponsor.** The Plan may disclose your PHI to the Plan Sponsor. For example, the Plan may disclose your PHI to the Plan Sponsor if the Plan Sponsor requests the PHI for the purpose of modifying, amending, or terminating the Plan.

**Correctional Institution.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release your PHI to the correctional institution or law enforcement official.

**Uses and Disclosures of PHI For Which Authorization is Required.** Other types of uses and disclosures of your PHI not described in the Notice will be made only with your written authorization, which you have the limited right to revoke in writing. The Plan may not use and disclose your PHI for marketing purposes except in limited circumstances as authorized by law or unless you have given us written authorization. We will not disclose psychotherapy notes except in limited circumstances either with your written authorization or as applicable law permits. The Plan will not sell your PHI unless we have your written authorization or applicable law permits.

**Genetic Information.** The Plan is prohibited from using or disclosing PHI that is genetic information of an individual for underwriting purposes including but not limited to determinations related to the following: eligibility, benefits, cost of premiums, or applicability of exclusions for preexisting conditions. For example, the Plan will not use or disclose PHI that is genetic information of an individual for underwriting purposes such as for modifying, amending, or terminating the Plan.

**State Law.** State law may further limit the permissible ways the Plan uses or discloses your PHI. If an applicable state law imposes stricter restrictions on the Plan, we will comply with that state law to the extent the law is not preempted by federal law.

**Your Rights Regarding Your PHI.** You have the following rights regarding your PHI the Plan maintains. We are not required to agree to a requested restriction. You may use the Plan to pay for health care items or services you wish to have restricted from another health plan, however, you may not restrict disclosure to the Plan necessary to make payment for such health care items or services. To exercise your rights, you must submit your request in writing to the Privacy Officer at: 1800 Howell Mill Road, Suite 350, Atlanta, GA 30318.

**Right to Request Restrictions.** You may request that the Plan restrict certain uses and disclosures of your PHI relating to treatment, payment, health care operations. You also have the right to request limits on your PHI that the Plan discloses to those involved in your care, or for notification purposes.

**Right to Request Confidential Communications.** You may request that we communicate with you in a certain manner. For instance, you may request that we send you follow-up information at your home address instead of using your work address.

**Right to Inspect and Copy Your Records.** Generally, you have the right to inspect and obtain a copy of your PHI maintained in the designated record set (the "Record") by the Plan. We will provide you access in the format requested, if we can readily do so. For instance, you can request a paper copy of your Record. If you ask for an electronic copy of your Record, we will provide an electronic copy in the format you request if possible. If we cannot provide the Record in the particular format, we will contact you to find another reasonable method. If you want a copy of your



Record, we may charge you a reasonable fee to cover copying, postage, or other reasonable expenses with preparing your paper or electronic Record or summary for you.

**Right to Request Amendment.** If you believe that your PHI maintained in your Record by the Plan contains an error, you have the right to request that the Plan correct or supplement your Record. Your request must explain why you want to amend your record. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), the Plan will inform you of the extent to which your request has or has not been granted. The Plan generally can deny your request if your request relates to PHI: (i) not created by the Plan; (ii) that is not part of the records the Plan maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, the Plan will give you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and the Plan's denial attached; and (iii) complain about the denial.

**Right to Accounting of Disclosures.** You generally have the right to request and receive a list of disclosures of your PHI the Plan has made during the six (6) years prior to your request. The list will not include disclosures (i) for which you have provided a written authorization; (ii) for treatment, payment, and health care operations; (iii) made to you; (iv) made to persons involved in your health care; (v) for national security or intelligence purposes; (vi) to correctional institutions or law enforcement officials; or (vii) of a limited data set. The first accounting request in a 12 month period is free. For additional accounting requests within the 12 month period, we may charge a reasonable cost-based fee.

**Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically. You also can review and print a copy of this Notice at the Plan Web site via <https://thevillage.piedmonthospital.org>.

**Breach Notification.** We are required to notify affected individuals in the event there is a breach of unsecured protected health information.

**Complaints.** If you believe your privacy rights with respect to your PHI have been violated, you have the right to contact the Privacy Officer and submit a written complaint. The Plan will not penalize you or retaliate against you for filing a complaint regarding its privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

**If you have any questions about this Notice.** Please contact the Privacy Officer at (404)425-7350; or via e-mail at: [privacy.officer@piedmont.org](mailto:privacy.officer@piedmont.org). Address: 1800 Howell Mill Road, Suite 350, Atlanta, GA 30318.

EFFECTIVE, as REVISED: July 1, 2013

### Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child 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 provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Piedmont Healthcare Taglines for its Employee Health Benefit Programs

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 678-503-1900.

(Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 678-503-1900.

(Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 678-503-1900.

(Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 678-503-1900. 번으로 전화해 주십시오.

(Chinese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 678-503-1900。

(Gujarati)

મુખ્યના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 678-503-1900.

(French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 678-503-1900.

(Arabic)

كل رفاوتت ذي وغلل اذ دعامنم ا تامدخ ن اف، وغلل ركذا ثدحتت تنك اذ: عظوحلم  
ان اجلم اب مقرب لصتا. 678-503-1900

(Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቹ በነጻ ሊያገዝዎት ተዘጋጅተዎል: ወያ ሚከተለው ቁጥር ይደውሉ 678-503-1900.

(Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 678-503-1900.

French Creole (Haitian Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 678-503-1900.

(Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 678-503-1900.

(Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 678-503-1900.

Persian (Farsi)

انگلیز تروصب ینابز تالیهست، دینک یم وگتفنگ یسراف نابز هب رگا: حوت  
دیریگب سامت (678-503-1900) اب. دش اب یم مهارف امش یارب.

(German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 678-503-1900.

(Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。678-503-1900 まで、お電話にてご連絡ください。

## **Piedmont Healthcare Non-Discrimination Statement for its Employee Health Benefit Programs**

Piedmont Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex in its provision and administration of its employee health benefit programs ("Health Programs"). The Health Programs do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Piedmont Healthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us about the Health Programs, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English to help them access the Health Programs, such as: Qualified interpreters and information written in other languages

If you need these services for the Health Programs, contact the HR Service Center at 678-503-1900.

If you believe that the Health Programs have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Compliance Department, 1800 Howell Mill Rd., Ste. 350, Atlanta, GA 30318, Phone: 404-425-7350, Fax: 770-916-7647, [compliance@piedmont.org](mailto:compliance@piedmont.org). You can file a grievance related to the Health Programs in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Department is available to help you.

If you believe Piedmont Healthcare has not complied with this statement in its provision or administration of the Health Programs, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.