

1007 Eastern Avenue Baltimore, Maryland 21202-4345 Phone (410) 547-9111 www.mebaplans.org

TO: PARTICIPANTS IN THE MEBA MEDICAL & BENEFITS PLAN

FROM: PATRICIA KELLY, EXECUTIVE DIRECTOR

RE: WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

### Your Rights after a Mastectomy

Federal law requires the MEBA Medical Plan provide benefits for mastectomy-related services in consultation with you and your physician. These services, a requirement of the Women's Health and Cancer Rights Act of 1998, include:

- 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.
- Treatment of physical complications at all stages of the mastectomy, including lymphedema. Lymphedema is swelling associated with the removal of the lymph nodes.

Benefits for these procedures and supplies are the same as for any other illness. Be sure to pre-certify your hospital admission or surgery before becoming an inpatient by calling American Health Holding Inc. at 800-641-5566.

#### Your Rights to a Hospital Stay Following Childbirth

After childbirth, mothers and their newborns are entitled to a hospital stay of no less than 48 hours following a vaginal delivery or 96 hours following delivery by Caesarean section. The federal Newborns' and Mothers' Health Protection Act requires this level of coverage by group health plans like the MEBA Medical and Benefits Plan. However, early discharge is permitted if the attending physician and the mother agree.

If you have any questions about this notice, please contact the Plan Office by calling 410-547-9111 or 800-811-6322.

Patricia Kelly, Executive Director



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# MEBA Medical & Benefits Plan IMPORTANT NOTICE

Children's Health Insurance Program Reauthorization Act of 2009 ("CHIPRA")

November 5, 2024

The Children's Health Insurance Program Reauthorization Act of 2009 ("CHIPRA") became effective on April 1, 2009. Among other things, CHIPRA requires employers that maintain group health plans to notify their employees of certain rights they may have under the new law. Because you get your medical benefits from the MEBA Medical and Benefits Plan, the Plan is sending this notice to you.

Under CHIPRA, states may establish programs to assist people who are eligible for employer-sponsored coverage but who cannot afford it. This notice must be provided to all employees residing in a state that offers such a premium assistance program, even if the health plan in which a particular employee is currently enrolled does not require an employee premium or employee contribution.

The attached notice, which describes your rights under CHIPRA, lists the states that presently offer premium assistance programs. Please read it carefully. If you have any questions, please contact the Plan Office at 410-547-9111 or 800-811-6322.

## 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.

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 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 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, 2024. Contact your State for more information on eligibility –

| ALABAMA – Medicaid   | ALASKA – Medicaid  |
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| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447   | 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="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS – Medicaid  | CALIFORNIA – Medicaid  |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447)  | Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov   |
| COLORADO – Health First Colorado<br>(Colorado's Medicaid Program) & Child Health<br>Plan Plus (CHP+)   | FLORIDA – Medicaid   |
| Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442 | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268   |

| GEORGIA – Medicaid   | INDIANA – Medicaid  |
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| GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1  GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2 | Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584  KANSAS – Medicaid |
| Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562  | Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660   |
| KENTUCKY – Medicaid  Kentucky Integrated Health Insurance Premium Payment  | LOUISIANA – Medicaid  Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp   |
| Program (KI-HIPP) Website:  https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms  | Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)   |
| MAINE – Medicaid   | MASSACHUSETTS – Medicaid and CHIP   |
| Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711   | Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com  |
| MINNESOTA – Medicaid   | MISSOURI – Medicaid   |
| Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739   | Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005  |
| MONTANA – Medicaid   | NEBRASKA – Medicaid   |
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="http://dphhs.mt.gov">HHSHIPPProgram@mt.gov</a>  | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178  |

| NEVADA – Medicaid  | NEW HAMPSHIRE – Medicaid   |
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| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900   | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218  |
| NEW JERSEY – Medicaid and CHIP   | NEW YORK – Medicaid  |
| Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710           | Website: https://www.health.ny.gov/health_care/medicaid/Phone: 1-800-541-2831  |
| NORTH CAROLINA – Medicaid  | NORTH DAKOTA – Medicaid  |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100   | Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825  |
| OKLAHOMA – Medicaid and CHIP   | OREGON – Medicaid and CHIP   |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742   | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075  |
| PENNSYLVANIA – Medicaid and CHIP   | RHODE ISLAND – Medicaid and CHIP   |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP- Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line)  |
| SOUTH CAROLINA – Medicaid  | SOUTH DAKOTA - Medicaid  |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820   | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059  |
| TEXAS – Medicaid   | UTAH – Medicaid and CHIP   |
| Website: Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services Phone: 1-800-440-0493   | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669   |
| VERMONT– Medicaid  | VIRGINIA – Medicaid and CHIP   |
| Website: Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access Phone: 1-800-250-8427   | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid  | WEST VIRGINIA – Medicaid and CHIP  |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022  | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)   |

| WISCONSIN – Medicaid and CHIP   | WYOMING – Medicaid   |
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| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration 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 1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)