**Annual Plan Notices**

**The Women's Health and Cancer Rights Act of 1998 (WHCRA):**

As required by the Women’s Health and Cancer Rights Act of 1998, this plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman’s Health and Cancer Rights Act of 1998 (WHCRA).

For Individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

-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; and

-treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like additional information regarding WHCRA benefits, please contact Cypress Benefit Administrators at: (503) 968-2360 or (800) 277-8579

**Medicare Part D Creditable Coverage:**

Important Notice from the Vancouver Firefighter’s Union Health and Welfare Trust (“Plan”) About Your Prescription Drug Coverage and Medicare. Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Vancouver Firefighter’s Union Health and Welfare Trust 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.

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. Envision Rx has determined that the prescription drug coverage offered by the Vancouver Firefighter’s Union Health and Welfare Trust Plan 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, you can keep this coverage and not pay extra 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. Beneficiary’s leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription 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 do decide to enroll in a Medicare prescription drug plan and drop your Vancouver Firefighter’s Union Health and Welfare Trust (Plan) prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us 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 coverage with Vancouver Firefighter’s Union Health and Welfare Trust and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many 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.

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 Vancouver Firefighter’s Union Health and Welfare Trust changes. You also may request a copy or contact Cypress for more information at (503) 968-2360 or (800) 277-8579.

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 call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

**HIPAA Notice of Privacy Practices**

*This Notice describes how you may obtain a copy of the Plan’s Notice of Privacy Practices, which describes the ways that the Plan uses and discloses your protected health information:*

Cypress Benefit Administrators (the “Plan”) provides health benefits to eligible employees of Vancouver Firefighter’s Union Health and Welfare Trust (the “Company”) and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI.

To receive a copy of the Plan’s Notice of Privacy Practices you should contact Nick Lazzaretto, who has been designated as the Plan’s contact person for all issues regarding the Plan’s privacy practices and covered individuals’ privacy rights. You can reach him at: 2807 NW Fruit Valley Road, Vancouver WA 98660 or 360-901-1638.

**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 July 31, 2018. Contact your State for more information on eligibility –**

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| **ALABAMA – Medicaid** | **FLORIDA – Medicaid** |
| Website: <http://myalhipp.com/>Phone: 1-855-692-5447 | Website: <http://flmedicaidtplrecovery.com/hipp/>Phone: 1-877-357-3268 |
| **ALASKA – Medicaid** | **GEORGIA – Medicaid**  |
| The AK Health Insurance Premium Payment ProgramWebsite: <http://myakhipp.com/> Phone: 1-866-251-4861Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx> | Website: <http://dch.georgia.gov/medicaid>- Click on Health Insurance Premium Payment (HIPP)Phone: 404-656-4507 |
| **ARKANSAS – Medicaid** | **INDIANA – Medicaid**  |
| Website: <http://myarhipp.com/>Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64Website: <http://www.in.gov/fssa/hip/>Phone: 1-877-438-4479All other MedicaidWebsite: [http://www.indianamedicaid.com](http://www.indianamedicaid.com/)Phone 1-800-403-0864 |
| **COLORADO – Health First Colorado (Colorado’s Medicaid Program) &** **Child Health Plan Plus (CHP+)** | **IOWA – Medicaid** |
| Health First Colorado Website: <https://www.healthfirstcolorado.com/> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711CHP+: Colorado.gov/HCPF/Child-Health-Plan-PlusCHP+ Customer Service: 1-800-359-1991/ State Relay 711 | Website: <http://dhs.iowa.gov/hawk-i>Phone: 1-800-257-8563 |

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| **KANSAS – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: <http://www.kdheks.gov/hcf/>Phone: 1-785-296-3512 | Website: <https://www.dhhs.nh.gov/ombp/nhhpp/>Phone: 603-271-5218Hotline: NH Medicaid Service Center at 1-888-901-4999 |
| **KENTUCKY – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Website: <https://chfs.ky.gov>Phone: 1-800-635-2570 | Medicaid Website: [http://www.state.nj.us/humanservices/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)[dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)Medicaid Phone: 609-631-2392CHIP Website: <http://www.njfamilycare.org/index.html>CHIP Phone: 1-800-701-0710 |
| **LOUISIANA – Medicaid** | **NEW YORK – Medicaid** |
| Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>Phone: 1-888-695-2447 | Website: <https://www.health.ny.gov/health_care/medicaid/>Phone: 1-800-541-2831 |
| **MAINE – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>Phone: 1-800-442-6003TTY: Maine relay 711 | Website: <https://dma.ncdhhs.gov/> Phone: 919-855-4100 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NORTH DAKOTA – Medicaid** |
| Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>Phone: 1-800-862-4840 | Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>Phone: 1-844-854-4825 |
| **MINNESOTA – Medicaid** | **OKLAHOMA – Medicaid and CHIP** |
| Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>Phone: 1-800-657-3739  | Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org/)Phone: 1-888-365-3742 |
| **MISSOURI – Medicaid** | **OREGON – Medicaid** |
| Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>Phone: 573-751-2005 | Website: <http://healthcare.oregon.gov/Pages/index.aspx><http://www.oregonhealthcare.gov/index-es.html>Phone: 1-800-699-9075 |
| **MONTANA – Medicaid** | **PENNSYLVANIA – Medicaid** |
| Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>Phone: 1-800-694-3084 | Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>Phone: 1-800-692-7462 |
| **NEBRASKA – Medicaid** | **RHODE ISLAND – Medicaid** |
| Website: <http://www.ACCESSNebraska.ne.gov>Phone: (855) 632-7633Lincoln: (402) 473-7000Omaha: (402) 595-1178  | Website: <http://www.eohhs.ri.gov/>Phone: 855-697-4347 |
| **NEVADA – Medicaid** | **SOUTH CAROLINA – Medicaid** |
| Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov/)Medicaid Phone: 1-800-992-0900 | Website: <https://www.scdhhs.gov>Phone: 1-888-549-0820 |

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| **SOUTH DAKOTA - Medicaid** | **WASHINGTON – Medicaid** |
| Website: [http://dss.sd.gov](http://dss.sd.gov/)Phone: 1-888-828-0059 | Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>Phone: 1-800-562-3022 ext. 15473 |
| **TEXAS – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: <http://gethipptexas.com/>Phone: 1-800-440-0493 | Website: <http://mywvhipp.com>/Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **UTAH – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Medicaid Website: <https://medicaid.utah.gov/>CHIP Website: <http://health.utah.gov/chip>Phone: 1-877-543-7669 | Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>Phone: 1-800-362-3002 |
| **VERMONT– Medicaid** | **WYOMING – Medicaid** |
| Website: <http://www.greenmountaincare.org/>Phone: 1-800-250-8427 | Website: <https://wyequalitycare.acs-inc.com/>Phone: 307-777-7531 |
| **VIRGINIA – Medicaid and CHIP** |  |
| Medicaid Website: <http://www.coverva.org/programs_premium_assistance.cfm>Medicaid Phone: 1-800-432-5924CHIP Website: <http://www.coverva.org/programs_premium_assistance.cfm>CHIP Phone: 1-855-242-8282 |  |

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Department of Health and Human Services

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

[**www.dol.gov/agencies/ebsa**](https://www.dol.gov/agencies/ebsa) [**www.cms.hhs.gov**](http://www.cms.hhs.gov/)

1-866-444-EBSA (3272) 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.