

To: Hampshire College Adjuncts and “Casual” workers
From: Shelly Ruocco, Associate Vice President for Human Resources
Date: Monday, November 2, 2015
Subject: An employee health plan option for some summer student workers

Effective January 1, 2016, Hampshire College will be offering coverage under one of the College’s employee health plans to currently non-benefits eligible employees who work 20 or more hours per week. This includes student workers who meet certain criteria. While you are an academic year Work Study student worker you will not be eligible to elect this coverage, but you may be eligible as a summer student worker. This plan may not be your best financial option. Read on for details. After you have read this email and the information provided in the linked material, contact benefits@hampshire.edu if you have any questions.

What is the medical plan?

We will be providing coverage under our Advantage (Low Cost) HMO plan. The [Summary of Benefits and Coverage \(SBC\)](#) provides important information about this plan. [A map of the HMO service area](#) is also helpful to review. Both documents can be found on the [Student Open Enrollment](#) website.

You must elect a Primary Care Physician (PCP) when you enroll and most care must be coordinated through the PCP. If you seek care outside of the service area (other than urgent or emergency) or without a PCP referral, it will not be covered.

When do I become eligible?

You become eligible when you are hired for a summer, non-work study position which is 20 or more hours/week.

There is a **90 day waiting period** before your coverage begins.

- For example, if you work 20 hours or more as of June 1, 2016, you would be eligible for coverage as of September 1st.

Even if you become eligible, *you do not have to, and may not want to, sign up* for this coverage, especially if you have other health insurance coverage, as is required for all students.

What if my hours worked are through work study?

The hours you work as part of Work Study do not count as eligible hours. This means if you work 20+ hours/week in a work study position (all student employment positions) during the academic year, you are not eligible for this plan during that time.

If you are a student who works hours outside of work study (e.g. summer student employment), those hours are counted towards your eligibility.

As a student, what are my other options?

As a student, you already are required to carry health insurance either with a private insurance company or have the College's Platinum Student Health Insurance Plan (<https://www.gallagherstudent.com/brochures/7915.pdf>). This plan *significantly exceeds* the coverage offered under the Low Cost HMO plan offered by the College. Because the HMO does not provide any coverage for out-of-network services, it does not usually meet our student's needs. (See [service area map](#).) The premium for the Student Health Insurance Plan is also *much less* than Hampshire's Low Cost HMO plan.

All students are enrolled in the student health insurance plan at the start of the school year. If you are not currently enrolled in this plan, you would have had to waive the coverage by providing evidence of other insurance. If you waived the coverage but have had a "qualifying event", i.e., the non-voluntary loss of your insurance, you are eligible to enroll in the student health insurance plan at any time. If you have not had a non-voluntary loss of your insurance you are not eligible to enroll in the student health insurance plan until the next enrollment period (Spring 2016, effective 1/16/16).

You may also have the option to remain on your parent's health plan to age 26.

What does it cost?

Hampshire College is not subsidizing this plan. The 2016 monthly rates you would have to pay are:

Employee only: \$504.48
Employee +1: \$1,008.92
Family: \$1,513.27

If your wages are not enough to have this payroll deducted, you will be invoiced by Human Resources.

How do I sign up?

You must enroll within 30 days of becoming eligible for the plan, possibly summer 2016 if you are a qualified Hampshire summer student worker. Please contact Donna Turban, Payroll and Benefits Manager in Human Resources at dturban@hampshire.edu, 413-559-5495 if you have questions or wish to enroll.

See other regulatory notices, below:

IMPORTANT NOTICES

Plan sponsors are required to provide plan participants the following notices each year. Most employer groups provide these notices as part of their annual enrollment communications.

The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits 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
- Protheseses
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician.

If you would like more information about WHCRA required coverage, you can contact Donna Turban at (413) 559-5495 or dturban@hampshire.edu.

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](tel: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 \(3272\)](tel:1-866-444-EBSA).

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, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	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
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid

<p>Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084</p>	<p>Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075</p>
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
<p>Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633</p>	<p>Website: http://www.dhs.state.pa.us/hipp Phone: 1-800-692-7462</p>
NEVADA – Medicaid	RHODE ISLAND – Medicaid
<p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300</p>
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473</p>
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability</p>
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP

Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 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

To see if any other states have added a premium assistance program since July 31, 2015, 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/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272)

1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

Patient Protection Disclosure

Hampshire College’s HMO plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Tufts Health Plan network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Tufts Health Plan at (800) 462-0224. For children, you may designate a pediatrician as the primary care provider.

Eligibility for Continued Coverage for Dependent Students on Medically Necessary Leave of Absence

Michelle’s Law, which applies to group health plans for plan years beginning on or after October 9, 2009 (for calendar year plans, the law is effective beginning January 1, 2010), provides continued coverage under group health plans for dependent children who are covered under such plans as students but lose their student status because they take a medically necessary leave of absence from school.

As a result, if your child is no longer a student, as defined under one of Hampshire College’s medical plans, because he/she is on a medically necessary leave of absence,

your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (which includes colleges and universities).

For purposes of this continued coverage, a “medically necessary leave of absence” means a leave of absence from a post-secondary educational institution, or any change in enrollment of the child at the institution, that:

1. begins while the child is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the child to lose student status for purposes of coverage under the plan.

The coverage provided to dependent children during any period of continued coverage:

1. Is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. stays the same as if your child had continued to be a covered student and had not taken a medically necessary leave of absence.

If the coverage provided by the plan is changed during this one-year period, the plan must provide the changed coverage for the dependent child for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for dependent children.

If you believe your child is eligible for this continued coverage, the child’s treating physician must provide a written certification to the plan stating that your child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.