**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
* Prostheses
* 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***](mailto: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**](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** 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, 2015. Contact your State for more information on eligibility –**

|  |  |
| --- | --- |
| **ALABAMA – Medicaid** | **GEORGIA – Medicaid** |
| Website: [www.myalhipp.com](http://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** | |
| Website: http://medicaid.mt.gov/member  Phone: 1-800-694-3084 | Website: http://www.oregonhealthykids.gov  http://www.hijossaludablesoregon.gov  Phone: 1-800-699-9075 | |
| **NEBRASKA – Medicaid** | **PENNSYLVANIA – Medicaid** | |
| Website: [www.ACCESSNebraska.ne.gov](http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx)  Phone: 1-855-632-7633 | Website: http://www.dhs.state.pa.us/hipp  Phone: 1-800-692-7462 | |
| **NEVADA – Medicaid** | **RHODE ISLAND – Medicaid** | |
| Medicaid Website: <http://dwss.nv.gov>/  Medicaid Phone: 1-800-992-0900 | Website: http://www.eohhs.ri.gov/  Phone: 401-462-5300 | |
| **SOUTH CAROLINA – Medicaid** | **VIRGINIA – Medicaid and CHIP** | |
| Website: http://www.scdhhs.gov  Phone: 1-888-549-0820 | 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 | |
| **SOUTH DAKOTA - Medicaid** | **WASHINGTON – Medicaid** | |
| Website: http://dss.sd.gov  Phone: 1-888-828-0059 | Website: [http://www.hca.wa.gov/medicaid/premiumpymt/pages/ index.aspx](http://www.hca.wa.gov/medicaid/premiumpymt/pages/%20index.aspx)  Phone: 1-800-562-3022 ext. 15473 | |
| **TEXAS – Medicaid** | **WEST VIRGINIA – Medicaid** | |
| Website: http://gethipptexas.com/  Phone: 1-800-440-0493 | Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx  Phone: 1-877-598-5820, HMS Third Party Liability | |
| **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**](http://www.dol.gov/ebsa) [**www.cms.hhs.gov**](http://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.