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 Lea Bollenbach at (413) 559-5495 or *lbollenbach@hampshire.edu*.

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.

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 August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/	Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-855-692-5447	Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program	Website: http://dch.georgia.gov/medicaid
Website: http://myakhipp.com/	- Click on Health Insurance Premium Payment (HIPP)
Phone: 1-866-251-4861	Phone: 404-656-4507
Email: <u>CustomerService@MyAKHIPP.com</u>	
Medicaid Eligibility:	
http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp	
<u>X</u>	
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/	Healthy Indiana Plan for low-income adults 19-64
Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://www.in.gov/fssa/hip/
	Phone: 1-877-438-4479
	All other Medicaid
	Website: http://www.indianamedicaid.com
	Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's	
Medicaid Program) &	IOWA – Medicaid
Child Health Plan Plus (CHP+)	
Health First Colorado Website:	Website:
https://www.healthfirstcolorado.com/	http://dhs.iowa.gov/ime/members/medicaid-a-to-
Health First Colorado Member Contact Center:	<u>z/hipp</u>
1-800-221-3943/ State Relay 711	Phone: 1-888-346-9562
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus	
CHP+ Customer Service: 1-800-359-1991/	
State Relay 711	

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/	Website:
Phone: 1-785-296-3512	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
	Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm	Medicaid Website:
Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website:	Website: https://www.health.ny.gov/health_care/medicaid/
http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Phone: 1-800-541-2831
1 Holic. 1 000 09) 2447	1 Hone. 1 000)41 2031
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-	Website: https://dma.ncdhhs.gov/
assistance/index.html	Phone: 919-855-4100
Phone: 1-800-442-6003	
TTY: Maine relay 711	
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website:	Website:
http://www.mass.gov/eohhs/gov/departments/masshe	http://www.nd.gov/dhs/services/medicalserv/medicaid
alth/ Phone: 1-800-862-4840	/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-	Website: http://www.insureoklahoma.org
serve/seniors/health-care/health-care-	Phone: 1-888-365-3742
programs/programs-and-services/medical-	
assistance.jsp	
Phone: 1-800-657-3739 MISSOURI – Medicaid	OREGON – Medicaid
Website:	Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.	http://healthcare.oregon.gov/Pages/index.aspx
<u>htm</u>	http://www.oregonhealthcare.gov/index-es.html
Phone: 573-751-2005	Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website:	Website:
	Website: http://www.dhs.pa.gov/provider/medicalassistance/he
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI	Website:
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/he-althinsurancepremiumpaymenthippprogram/index.htm phone:1-800-692-7462
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP Phone: 1-800-694-3084 NEBRASKA – Medicaid	Website: http://www.dhs.pa.gov/provider/medicalassistance/he althinsurancepremiumpaymenthippprogram/index.ht m Phone: 1-800-692-7462 RHODE ISLAND – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP Phone: 1-800-694-3084 NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov	Website: http://www.dhs.pa.gov/provider/medicalassistance/he althinsurancepremiumpaymenthippprogram/index.ht m Phone: 1-800-692-7462 RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP Phone: 1-800-694-3084 NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633	Website: http://www.dhs.pa.gov/provider/medicalassistance/he althinsurancepremiumpaymenthippprogram/index.ht m Phone: 1-800-692-7462 RHODE ISLAND – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP Phone: 1-800-694-3084 NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov	Website: http://www.dhs.pa.gov/provider/medicalassistance/he althinsurancepremiumpaymenthippprogram/index.ht m Phone: 1-800-692-7462 RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP Phone: 1-800-694-3084 NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000	Website: http://www.dhs.pa.gov/provider/medicalassistance/he althinsurancepremiumpaymenthippprogram/index.ht m Phone: 1-800-692-7462 RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP Phone: 1-800-694-3084 NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.dhs.pa.gov/provider/medicalassistance/he althinsurancepremiumpaymenthippprogram/index.ht m Phone: 1-800-692-7462 RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347

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

To see if any other states have added a premium assistance program since August 10, 2017, 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