**WHCRA Enrollment Notice**

If you have or are going to have a mastectomy, you may be entitled to certain benefits under the Women’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 complication 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 more information on WHCRA benefits, call your plan administrator.

**WHCRA Annual Notice**

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator.

**Newborns’ Act Disclosure Notice**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**Special Enrollment Rights Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If an employee or dependent becomes eligible for a state premium assistance subsidy either through Medicaid or CHIP, then HIPAA SERs arise for the employee or dependent. The employee who is eligible, but not enrolled, for coverage under the terms of the plan (or dependent of such an employee if the dependent is eligible for, but not enrolled in, coverage under such terms) may enroll in the plan upon becoming eligible for that state premium assistance subsidy.

Interestingly, if an employee or dependent becomes eligible for such a state premium assistance subsidy, then a plan must allow for a 60-day period for the employee to request coverage under the plan after such eligibility is determined. Plans may allow for a longer period if the plan document so provides. Upon timely request, coverage must begin no later than the first day of the first calendar month beginning after the date the plan receives the request for special enrollment.

To request special enrollment or obtain more information, contact Human Resources Department.

**Patient Protection Notice**

Alabama Dental Association generally allows for the designation of a primary care provider. You have the right to designate any primary care provider who participates in our 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 the BC/BS of Alabama at www.bcbsal.org

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from BC/BS or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact BC/BS of Alabama at [www.bcbsal.org](http://www.bcbsal.org)

**Michelle’s Law Notice**

**Michelle’s Law**, passed in 2008, prohibits group health plans from terminating coverage for a dependent child who has lost student status as a result of a medically necessary leave of absence. Plans must continue to provide coverage for up to one year or until coverage would otherwise terminate under the plan.  Plans are allowed to require physician certification of the medical necessity for the leave of absence.

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) requires group health plans and group health insurance issuers to permit an employee or dependent that is eligible for but not enrolled in the plan to enroll when the employee or dependent is covered under Medicaid or CHIP and loses that coverage as a result of loss of eligibility or when the employee or dependent becomes eligible for Medicaid or CHIP assistance with respect to coverage under the group health plan.

**PRIVACY NOTICE OF THE ALABAMA DENTAL ASSOICATION GROUP HEALTH PLAN**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Alabama Dental Association GROUP HEALTH PLAN (the “Plan”) is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. The Plan provides health and/or dental benefits to you as described in your summary plan description(s). The Plan receives and maintains your medical information in the course of providing these health benefits to you. The Plan hires business associates, such as Blue Cross Blue Shield of Alabama, to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plan. The Plan is sponsored by Alabama Dental Association. (the “Plan Sponsor”).

THE EFFECTIVE DATE OF THIS NOTICE IS 04/01/2023. The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes changes to this notice, the Plan will revise it and send a new notice to all subscribers covered by the Plan at that time. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new notice.

***Purposes for which the Plan May Use or Disclose Your Medical Information Without Your Consent or Authorization***

The Plan may use and disclose your medical information for the following purposes:

* *Health Care Providers’ Treatment Purposes*. For example, the Plan may disclose your medical information to your doctor, at the doctor’s request, for your treatment by him.
* *Payment*. For example, the Plan may use or disclose your medical information to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment. The Plan may also use and disclose your medical information to another covered entity or health care provider for the payment activities of the entity that receives your medical information.
* *Health Care Operations*. For example, the Plan may use or disclose your medical information (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plan’s business. In certain circumstances, we may also disclose your medical information to another covered entity for the limited health care operations activities and health care fraud and abuse compliance activities of the entity that receives your medical information. However, the Plan will not use your genetic information for underwriting purposes.
* *Health Services*. The Plan may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information to its business associates to assist the Plan in these activities.
* *As required by law*. For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your medical information as authorized by and to the extent necessary to comply with workers’ compensation or other similar laws.
* *To Business Associates*. The Plan may disclose your medical information to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.
* *To Plan Sponsor*. The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor that fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to the Plan Sponsor for Plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The Plan Sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

The Plan may also use and disclose your medical information as follows:

* To comply with legal proceedings, such as a court or administrative order or subpoena.
* To law enforcement officials for limited law enforcement purposes.
* To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
* To your personal representatives appointed by you or designated by applicable law.
* For research purposes in limited circumstances.
* To a coroner, medical examiner, or funeral director about a deceased person.
* To an organ procurement organization in limited circumstances.
* To avert a serious threat to your health or safety or the health or safety of others.
* To a governmental agency authorized to oversee the health care system or government programs.
* To federal officials for lawful intelligence, counterintelligence and other national security purposes.
* To public health authorities for public health purposes.
* To appropriate military authorities, if you are a member of the armed forces.

***Uses and Disclosures with Your Permission***

The Plan will not use or disclose your medical information for any other purposes unless you give the Plan your written authorization to do so. For example, subject to specific conditions, the Plan will not use or disclose your psychotherapy notes, will not use or disclose your protected health information for marketing, and will not sell your protected health information, unless you give the Plan a written authorization. If you give the Plan written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information the Plan maintains, unless the Plan has taken action in reliance on your authorization.

***Your Rights***

You may make a written request to the Plan to do one or more of the following concerning your medical information that the Plan maintains:

* To put additional restrictions on the Plan’s use and disclosure of your medical information. The Plan does not have to agree to your request.
* To communicate with you in confidence about your medical information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.
* To see and get copies of your medical information. In limited cases, the Plan does not have to agree to your request.
* To correct your medical information. In some cases, the Plan does not have to agree to your request.
* To receive a list of disclosures of your medical information that the Plan and its business associates made for certain purposes for the last 6 years.
* To send you a paper copy of this notice if you received this notice by e-mail or on the Internet.

If you want to exercise any of these rights described in this notice, please contact the Contact Office (below). The Plan will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

***Complaints***

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan at our Contact Office (below). We will not retaliate against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

***Contact Office***

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

Contact Office: Melissa Brooks

Telephone: 334-265-1684

E-mail: melissa@aldaonline.org

Address: 836 Washington Ave

Montgomery, AL 36104

**Important Notice from The Alabama Dental Association 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 Alabama Dental Association and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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. The Alabama Dental Association has determined that the prescription drug coverage offered by the Medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15thto December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Alabama Dental Association coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Alabama Dental Association coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Alabama Dental Association and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage…**

Contact the person listed below for further information. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Alabama Dental Association changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage…**

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 drug plans.

For more information about Medicare prescription drug coverage:

* Visit www.medicare.gov
* Call your State Health Insurance Assistance Program (see the inside back cover of 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 04/01/2023

Name of Entity/Sender: Alabama Dental Association

Contact--Position/Office: Melissa Brooks

**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, 2016. 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 Program  Website: <http://myakhipp.com/>  Phone: 1-866-251-4861  Email: [CustomerService@MyAKHIPP.com](mailto: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 19-64  Website: [http://www.hip.in.gov](http://www.hip.in.gov/)  Phone: 1-877-438-4479  All other Medicaid  Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com/)  Phone 1-800-403-0864 |
| **COLORADO – Medicaid** | **IOWA – Medicaid** |
| Medicaid Website: <http://www.colorado.gov/hcpf>  Medicaid Customer Contact Center: 1-800-221-3943 | Website: <http://www.dhs.state.ia.us/hipp/>  Phone: 1-888-346-9562 |

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| **KANSAS – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: <http://www.kdheks.gov/hcf/>  Phone: 1-785-296-3512 | Website: <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>  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: 609-631-2392  CHIP 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: <http://www.nyhealth.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: 1-800-442-6003  TTY: Maine relay 711 | Website: <http://www.ncdhhs.gov/dma>  Phone: 919-855-4100 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NORTH DAKOTA – Medicaid** |
| Website: <http://www.mass.gov/MassHealth>  Phone: 1-800-462-1120 | Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  Phone: 1-844-854-4825 |
| **MINNESOTA – Medicaid** | **OKLAHOMA – Medicaid and CHIP** |
| Website: <http://mn.gov/dhs/ma/>  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/hipp>  Phone: 1-800-692-7462 |
| **NEBRASKA – Medicaid** | **RHODE ISLAND – Medicaid** |
| Website: <http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx>  Phone: 1-855-632-7633 | Website: <http://www.eohhs.ri.gov/>  Phone: 401-462-5300 |
| **NEVADA – Medicaid** | **SOUTH CAROLINA – Medicaid** | |
| Medicaid Website: <http://dwss.nv.gov/>  Medicaid Phone: 1-800-992-0900 | Website: [http://www.scdhhs.gov](http://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://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: 1-877-543-7669 | 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: 1-800-432-5924  CHIP 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, 2016, 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