

---

# Cavalier Healthcare of England

---

*2017*

*New Hire Guide*

# ENROLLMENT INFORMATION

This Enrollment guide

- ✓ **summarizes your benefit options** for the 2017 plan year,
- ✓ **serves as a reference** to help you decide which benefits are right for you and your family, and
- ✓ **answers questions** you may have about your benefits.

Every attempt has been made to ensure the accuracy of the information contained in this document; however, this Enrollment Workbook is intended to provide you only an overview of your benefit programs and eligibility. Complete details and limitations are contained in and governed by the Summary Plan Description and/or Plan Document of each plan. If there is any discrepancy between what is written here and what is contained in the Summary Plan Description and/or Plan Document, the Plan Documents is controlling. Detailed benefit summaries are available upon request from Human Resources or online at [www.bcbsms.com](http://www.bcbsms.com).

## Eligibility and Enrollment

- You are eligible to participate in the company's health insurance programs if you are a full-time salaried or hourly employee scheduled to work 30 hours per week and have satisfied the waiting periods shown on the next page.
- Part-Time employees are not eligible for medical coverage.
- You may enroll your eligible dependents (your spouse and your children) up to age 26 for coverage under the medical, dental, and vision insurance plans.

## When You May Enroll

- Human Resources will provide you with the appropriate forms prior to the date coverage begins.
- Each year during Open Enrollment, you have the opportunity to enroll or change your coverage.
- **Unless otherwise elected, premiums for health insurance coverage are deducted on a pre-tax basis.** The elections you make will remain in effect for one full year, unless you experience a qualifying event (such as marriage, divorce, birth or adoption of a child, or loss of spouse's coverage or employment).
- You have 30 days from the qualifying event to make changes to your current coverage election.

## When Coverage Begins

Elections you make during your enrollment will be effective through December 31, 2017.

***If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 11 for more details.***

# ENROLLMENT CHECKLIST

Benefits Enrollment is easy! Simply follow the checklist below.

## ★ Review Eligibility Requirements

Medical	Dental	Vision
*60 Days of Employment	*60 Days of Employment	*60 Days of Employment

\*1<sup>st</sup> of the month following

## IMPORTANT INFORMATION!



**Medical Plan:** ENROLL OR WAIVE COVERAGE: Complete the **Enrollment form**.



**Dental and Vision Plans:** ENROLL OR WAIVE COVERAGE: Complete the **Enrollment form**.

★ Return completed forms to: Human Resources

# MEDICAL INSURANCE



The **medical** plan provider is BCBSMS. To find individualized information on your benefit coverage, check the status of claims, and search for physicians and hospitals go to [www.bcbsms.com](http://www.bcbsms.com).

Services	In-Network Benefits	Out-of-Network Benefits
Individual Annual Deductible	\$5,000	\$10,000
<i>Individual Out-of-Pocket Maximum (includes CYD, Coinsurance and Co-payments)</i>	\$6,550	Unlimited
Family Annual Deductible	\$10,000	\$20,000
<i>Family Out-of-Pocket Maximum (includes CYD, Coinsurance and Co-payments)</i>	\$13,100	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Preventive Services – HealthyYou!	100%	No Benefit
Co-Insurance (insurance carrier/employee portion)	80%/20%	60%/40%
Physician Office Visits	Deductible + 20%	Deductible + 40%
Outpatient Hospital Services	Deductible + 20%	Deductible + 40%
Inpatient Services (requires prior authorization)	Deductible + 20%	Deductible + 40%
Emergency Room Visit	Deductible + 20%	Deductible + 40%
Prescription Drugs Co-pay – Retail 30 days	Deductible + 20%	No Benefits

## Medical Insurance Premiums:

Coverage Type	Employee Cost Per Pay Period
Employee Only	\$ 25.00
Employee plus Spouse	\$ 224.63
Employee plus Child(ren)	\$ 97.29
Family	\$ 346.33

# HealthyYou!

Services Recommended/Number of Times Recommended for Age Range	Female birth-24 months	Male birth-24 months	Female 2-11 Years	Male 2-11 Years	Female 12-17 Years	Male 12-17 Years	Female 18-34 Years	Male 18-49 Years	Female 35-49 Years	Male 50+ Years	Female 50-64 Years	Female 65+ Years
Preventive Medicine Evaluation or Re-Evaluation Once per calendar year As part of preventive medicine evaluation or re-evaluation, preventive counseling as appropriate for age or stage of development and risk factors.	8 Visits	8 Visits	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hemoglobin, Hematocrit or CBC	1 ◆	1 ◆			1 ◆	1 ◆						
Immunizations See pages 8-9 for details	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Blood Pressure Once per calendar year	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Glucose Once per calendar year			2 ◆	2 ◆	2 ◆	2 ◆	2 ◆	2 ◆	◆	◆	◆	◆
Lipid Profile Once per calendar year			3 ◆	3 ◆	3 ◆	3 ◆	◆	◆	◆	◆	◆	◆
Pap Smear Once every three or five years							4 ◆		4 ◆		4 ◆	◆
Pelvic Exam Once per calendar year					5 ◆		◆		◆		◆	◆
Breast Exam Once per calendar year					◆		◆		◆		◆	◆
Mammogram Once per calendar year									6 ◆		6 ◆	6 ◆
Bone Density Once per lifetime												◆
Flexible Sigmoidoscopy once every five years OR Colonoscopy once every ten years										7 ◆	7 ◆	7 ◆

1. CBC performed at 12 months of age and once between ages 11-18.

2. Annual glucose screenings are available for at risk individuals age 3-39.

a. At risk individuals are defined as follows:

- i. Family history of diabetes (i.e., parents or siblings with diabetes)
- ii. Obesity
- iii. Blood pressure of 135/80 or greater
- iv. Race/ethnicity (i.e., African-Americans, Hispanic-Americans, Native Americans, Asian-Americans or Pacific Islanders)
- v. Previously identified pre-diabetic or diagnosed diabetic
- vi. Low HDL cholesterol or high triglycerides
- vii. History of gestational diabetes

3. Lipid profile screenings are available to high-risk individuals between the ages of 2 and 17. High-risk individuals should have their first lipid profile screening before age 11. A fasting lipid profile is the recommended screening method. High risk is defined as a family history of high lipids or early CVD; unknown history or other CVD risk factors such as overweight, obesity, hypertension or diabetes.

4. Pap smears are available once every 3 years beginning at age 21.  
For women ages 30-65 who wish to extend the time between pap smear screenings, a pap smear will be covered every 5 years when it is accompanied by HPV screening.  
For females ages 12-20, these services are available and may be covered under the appropriate medical portion of your benefit plan. These should be performed based upon patient and provider discretion.

5. Pelvic exams are available annually for women over the age of 12. These should be performed based upon patient and provider discretion.

6. Mammograms for women ages 35 and older are available.  
These should be performed based upon patient and provider discretion. Mammograms recommended every 2 years for ages 50-74.

7. Flexible sigmoidoscopy and colonoscopy information:  
Additional screenings (flexible sigmoidoscopy, colonoscopy) for individuals considered to be at high risk for colorectal cancer, as outlined below, may be covered under the appropriate medical portion of your benefit plan. High-risk individuals in this category are defined as follows:

- a. Strong family history of colorectal cancer or polyps (in first-degree relative younger than 60 or two first-degree relatives of any age). A first-degree relative is defined as a parent, sibling or child.
- b. Known family history of colorectal cancer syndrome
- c. Personal history of colorectal cancer polyps

Gastroenterology consultations prior to colonoscopy are not covered under *Healthy You!*



Get *myBlue* today!

To manage your health, it helps to know everything you can.

Get the information you want, when you want it. Register today for *myBlue* at [www.bcbsms.com](http://www.bcbsms.com).

*myBlue* is a secure, online portal provided to you by Blue Cross & Blue Shield of Mississippi. On *myBlue*, you can:

- Review your Explanation of Benefits
- View detailed claims history as far back as 15 months, with information updated in real time as soon as your claim is processed
- See a summary of your benefits, as well as your complete benefit plan booklet
- Get details about the utilization of your *Healthy You!* wellness benefit
- Make changes to your personal information, such as mailing address or *myBlue* password
- Order a new ID card
- Read current health and wellness articles

*myBlue* also gives you the ability to review your prescription drug claims and search for the most cost-effective generic drugs that meet your clinical needs.

Register for *myBlue* today! All you need is your computer or a smartphone and your Blue Cross & Blue Shield of Mississippi ID card. If you have questions or need assistance, please call our Customer Service Team at 601-664-4590 or 1-800-942-0278.

be healthy. live healthy.

# DENTAL INSURANCE



The dental plan provider is Guardian. You may elect dental coverage even if you do not elect medical coverage. The employee pays the full cost of the coverage. To find a provider go to [www.guardiananytime.com](http://www.guardiananytime.com)

If you use a non-network dentist you may be billed the difference between the maximum allowable charge and the non-network dentist's charge.

	In-Network	Out-of-Network
Deductible	\$50	
Period	Calendar Year	
Family Limit	3 per family	
Waived For	Preventive	Preventive
Annual Maximum	\$1,000 plus Maximum Rollover	
Maximum Rollover		
Threshold	\$500	
Rollover Amount	\$250	
In-Network only Rollover	\$350	
Account Limit	\$1,000	
Network	DentalGuard Preferred	
Coinsurance - Preventive	100%	100%
	• Oral Exams (once/6 mos.) • Cleanings (once/6 mos.) • X-Rays (Full-mouth series once/60 mos.) • Fluoride Treatment (to age 19, once/6 mos.) • Sealants (to age 16, once/36 mos.) • Space Maintainers/Harmful Habit Appliances	
Coinsurance - Basic	90%	80%
	• Fillings • Repair & Maintenance of Crowns, Bridges & Dentures • General Anesthesia	
Coinsurance - Major	60%	50%
	• Bridges & Dentures • Endodontic Services (eg. Root Canal) • Single Crowns • Simple Extractions • Complex Extractions • Perio Maintenance Procedure (once/6 mos.) • Combined Cleanings/Perio Maintenance Limit (2 in a 12 consecutive months period) • Periodontal Services (eg Scaling and Root Planing) • Periodontal Surgery • Inlays, Onlays & Veneers	
Dependent Age Limits	To Age 26	

## Employee Cost

Coverage Type	Employee Cost Per Pay Period
Employee Only	\$ 14.44
Employee + Spouse	\$29.32
Employee + Child(ren)	\$33.38
Family	\$ 51.17

# VISION INSURANCE



The vision plan provider is Guardian. You have two networks to choose from.

This vision plan allows you to go to any provider and receive the benefits shown below. Most providers will process your claims directly with Guardian. If you visit a provider that will not file your claim, save your receipts and file with Guardian directly for a reimbursement. For a claim form, go to [www.guardiananytime.com](http://www.guardiananytime.com).

	In Network (Copay)	Out Network (Before Copay)
Eye Exams Benefit	\$10	\$50 max
<b>Lenses Benefit</b>		
Single Vision	\$25	\$48 max
Bifocal	\$25	\$67 max
Trifocal	\$25	\$86 max
Lenticular	\$25	\$126 max
<b>Contact Lenses Benefit**</b>		
Medically Necessary	Covered (Copay waived)	\$210 max (Copay waived)
Elective	\$130 max + 15% off balance (Copay waived)	\$105 max (Copay waived)
<b>Frames Benefit</b>	\$130 retail max + 20% off balance	\$48 max

\*\*In lieu of eyeglass lenses and/or frames

	Once Every:
Eye Exams	Calendar Year
Lenses Benefit	Calendar Year
Contact Lenses	Calendar Year
Frames	Other Calendar Year

## Vision Insurance Premiums:

Coverage Type	Employee Cost Per Pay Period
Employee Only	\$3.83
Employee + Spouse	\$6.44
Employee + Child(ren)	\$6.57
Family	\$10.39



The company offers eligible employees the opportunity to enroll in voluntary coverage through Colonial Life. The cost of any elected coverage is paid for by the employee through payroll deductions. Please see an enrollment specialist to discuss the costs and availability of coverage.

**Disability** – Disability Insurance is protection for the thing that matters most—your ability to earn an income. Sometimes referred to as paycheck protections, this insurance can replace a portion of your income if you are unable to work due to the birth of a new child or any covered accident or illness. *Starting premiums as low as \$3 per week.*

**Accident** – Injury prone? Weekend warrior? Have children who play sports? When an unexpected injury happens, accident insurance can help offset costs that are not covered by your medical plan. The benefit is paid directly to you and can be used for out of pocket costs like co-pays, deductibles, and other expenses. *As low as \$4.14 per week*

**Cancer** – Cancer insurance pays benefits to help pay for some of the direct medical and indirect non-medical costs related to cancer diagnosis and treatment. It helps pay for expenses that your health plan isn't designed to cover, like deductibles, coinsurance, and travel to and from cancer treatment centers. Most plans offer options to protect your spouse or children as well. *Premiums start at \$6.25 per week.*

**Critical Illness** – Critical Illness insurance offers a lump-sum benefit when you are initially diagnosed with a serious condition. It can help pay for expenses that your health plan isn't designed to cover. Most plans offer family options to help protect your spouse or children as well. *Rates based on age and amount of coverage.*

**Hospital Confinement** – With medical costs on the rise, you may be faced with having to pay more for things that your health insurance won't cover. Hospital Confinement Indemnity Insurance can help fill those gaps. *Rates starting at \$5 per week.*

**Life Insurance** – Life Insurance can help provide financial protection for your family when you or a loved one passes away. Rates based on age and amount of coverage. *Rates based on age and coverage.*

# Who to Call



## Medical

\*Claims\* Benefits\* Find a Doctor \* View Prescriptions \* Order an ID Card  
[www.bcbsms.com](http://www.bcbsms.com)



## Dental and Vision

[www.guardiananytime.com](http://www.guardiananytime.com)



**Leslie Hosford**  
**Account Manager**  
[leslie.hosford@regions.com](mailto:leslie.hosford@regions.com)  
**601-790-8575**

**Anna Metz**  
**Account Manager**  
[anna.metz@regions.com](mailto:anna.metz@regions.com)  
**601-790-8527**

# Important Notices

There are several important notices in this guide that the BCBSMS (referred to as the “Plan”), as sponsored by Cavalier Healthcare (referred to as the “Company”) is required to provide to employees. Please be sure to review these notices and contact Human Resources with any questions.

The notices included are:

1. Medicare Part D Disclosure Notice
2. The Woman’s Health and Cancer Rights Act of 1998 (WHCRA) Notice
3. Special Enrollment Notice
4. COBRA Coverage Notice
5. Notice of Privacy Practices

## **1. 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 Cavalier Healthcare 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.

**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).**

**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 Company has determined that the prescription drug coverage offered by the Plan, 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 15<sup>th</sup> to December 7<sup>th</sup>.

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 coverage through the Company will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits, and this Plan will coordinate with Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage through the Company, be aware that you will also drop coverage for other health expenses and that you and your dependents may not be able to get this coverage back until an Open Enrollment period or you experience a qualifying event.

You can retain your existing coverage and elect not to enroll in a Medicare Part D prescription drug plan. 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 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 through the Company and do not 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 the Company 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](http://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; or
- 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](http://www.socialsecurity.gov), or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Date:	1/1/2017
Name of Entity/Sender:	Cavalier Healthcare
Contact-Position/Office:	Kenisha Hoard
Address:	400 Stuttgart Hwy., England, AR 72046
Phone Number:	501-842-2771

## **2. *Woman's Health and Cancer Rights Act of 1998 (WHCRA) Notice***

If you have had 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 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. Contact your plan administrator.

## **3. *Special Enrollment Notice***

This notice is being provided to insure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

### **Loss of Other Coverage**

If you are declining coverage 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).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer of your request of enrollment in writing within 30 days of the date coverage ends, you and your eligible dependents may be eligible to enroll in coverage under our health plan.

### **Marriage, Birth or Adoption**

If you have a new dependent as a result of a 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 or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

### **Medicaid or CHIP**

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

#### **4. COBRA Coverage Notice**

In compliance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end as a result of certain events defined under federal law (known as qualifying events).

Qualified beneficiaries are entitled to elect COBRA when a qualifying event occurs, and, as a result of the qualifying event, coverage for that qualified beneficiary ends. Qualified beneficiaries who elect COBRA continuation coverage must pay for coverage at their own expense.

Qualifying events include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce or legal separation, or a child ceasing to be an eligible dependent. The maximum period of COBRA continuation coverage is generally either 18 or 36 months, depending on the qualifying event.

For questions regarding any of the above notices, including Medicare Part D, WHCRA or COBRA, or to request special enrollment or obtain additional information, please contact: Kenisha Hoard

## **Your Information. Your Rights. Our Responsibilities.**

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.

### **Your Rights**

#### **You have the right to:**

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ See **page 2** for more information on these rights and how to exercise them

### **Your Choices**

#### **You have some choices in the way that we use and share information as we:**

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ See **page 3** for more information on these choices and how to exercise them

### **Our Uses and Disclosures**

#### **We may use and share your information as we:**

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ See **pages 3 and 4** for more information on these uses and disclosures

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the [information](#) on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we *never* share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

**Pay for your health services**

- We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

**Do research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you

**Effective Date:** 1/1/17

**Privacy Officer:** Kenisha Hoard

# Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

In addition to the important notices included in your open enrollment packet, the BCBSMS (referred to as the "Plan"), as sponsored by Cavalier Healthcare (referred to as the "Company") is also required to provide employees the following notice regarding **Premium Assistance Under Medicaid and the Children's Health Insurance Program**. Please be sure to review this notice and contact Human Resources with any questions.

## ***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 are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not 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, you can 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, you can 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 are not 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 toll-free **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. You should contact your state for further information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/of/public-assistance/index.html">http://www.maine.gov/dhhs/of/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MISSOURI – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742

<b>MONTANA – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> Phone: 1-800-694-3084	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>NEBRASKA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>SOUTH CAROLINA – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH DAKOTA - Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>TEXAS – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>UTAH – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VERMONT– Medicaid</b>	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	

To see if any more 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  
Services  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)  
61565

U.S. Department of Health and Human  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext.

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2017 open enrollment period for health insurance coverage through the Marketplace ran from Nov. 1, 2016, through Jan. 31, 2017. Individuals must have enrolled or changed plans prior to Dec. 15, 2016, for coverage starting as early as Jan. 1, 2017. After Jan. 31, 2017, you can get coverage through the Marketplace for 2017 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year (9.56 percent for 2015), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Kenisha Hoard, 400 Stuttgart Hwy., England, AR 72046, 501-842-2771**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.