

October 1, 2015-September 30, 2016

Employee NOTICES

PLAN YEAR 2015-16



Important Notice 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 your employer 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.

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.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Part D plan.

If you decide to join a Medicare drug plan, your coverage may be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. If you do decide to join a Medicare drug plan and drop your prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your coverage with **your employer** 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 prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the 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 November to join.

For more information about this notice or your current prescription drug coverage, contact your employer's Benefits Department.

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 **your employer** changes. You also may request a copy.

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 whether or not you are required to pay a higher premium (a penalty).

Notice Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under Anthem HealthKeepers no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact your plan administrator at 1-804-966-9650.

Patient Protection Model Disclosure

Anthem HealthKeepers generally requires 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 your plan administrator at 1-804-966-9650.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Anthem HealthKeepers 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 your plan administrator at 1-804-966-9650.

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 breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? For more information contact your plan administrator at 1-804-966-9650.



Important Notice

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. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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 to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling 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 January 31, 2014. You should contact your State for further information on eligibility –

ALABAMA – Medicaid www.medicaid.alabama.gov 1-855-692-5447	NEW HAMPSHIRE – Medicaid www.dhhs.state.nh.us/oii/documents/hippapp.pdf 603-271-5218
ALASKA – Medicaid health.hss.state.ak.us/dpa/programs/medicaid/ (Outside of Anchorage): 1-888-318-8890 (Anchorage): 907-269-6529	NEW JERSEY – Medicaid and CHIP Medicaid: www.state.nj.us/humanservices/dmahs/clients/medicaid/ 609-631-2392 CHIP: www.njfamilycare.org/index.html 1-800-701-0710
ARIZONA – CHIP www.azahcccs.gov/applicants/default.aspx (Outside Maricopa County): 1-877-764-5437 (Maricopa County): 602-417-5437	NEW YORK – Medicaid www.nyhealth.gov/health_care/medicaid/ 1-800-541-2831
COLORADO – Medicaid Medicaid: www.colorado.gov/ In-State: 1-800-866-3513 Out of State: 1-800-221-3943	NORTH CAROLINA – Medicaid www.ncdhhs.gov/dma 919-855-4100
FLORIDA – Medicaid https://www.flmedicaidprecovery.com 1-877-357-3268	NORTH DAKOTA – Medicaid www.nd.gov/dhs/services/medicalserv/medicaid/ 1-800-755-2604
GEORGIA – Medicaid dch.georgia.gov (Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)) 1-800-869-1150	OKLAHOMA – Medicaid and CHIP www.insureoklahoma.org 1-888-365-3742
IDAHO – Medicaid and CHIP Medicaid: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx 1-800-926-2588	OREGON – Medicaid and CHIP www.oregonhealthykids.gov www.hijosaludablesoregon.gov 1-800-699-9075
INDIANA – Medicaid http://www.in.gov/fssa 1-800-889-9949	PENNSYLVANIA – Medicaid www.dpw.state.pa.us/hipp 1-800-692-7462
IOWA – Medicaid dhs.state.ia.us/hipp/ 1-888-346-9562	RHODE ISLAND – Medicaid www.ohhs.ri.gov 401-462-5300
KANSAS – Medicaid www.kdheks.gov/hcf 1-800-792-4884	SOUTH CAROLINA – Medicaid www.scdhhs.gov 1-888-549-0820
KENTUCKY – Medicaid chfs.ky.gov/dms/default.htm 1-800-635-2570	SOUTH DAKOTA – Medicaid http://dss.sd.gov 1-888-828-0059
LOUISIANA – Medicaid www.la.hipp.dhh.louisiana.gov 1-888-695-2447	TEXAS – Medicaid www.gethipptexas.com/ 1-800-440-0493
MAINE – Medicaid www.maine.gov/dhhs/off/public-assistance/index.html 1-800-977-6740 TTY: 1-800-977-6741	UTAH – Medicaid and CHIP health.utah.gov/upp 1-866-435-7414
MASSACHUSETTS – Medicaid and CHIP www.mass.gov/MassHealth 1-800-462-1120	VERMONT – Medicaid www.greenmountaincare.org 1-800-250-8427
MINNESOTA – Medicaid www.dhs.state.mn.us/ (Click on Health Care, then Medical Assistance) 800-657-3629	VIRGINIA – Medicaid and CHIP Medicaid: www.dmas.virginia.gov/rcp-HIPP.htm 1-800-432-5924 CHIP: www.famis.org/ 1-866-873-2647
MISSOURI – Medicaid www.dss.mo.gov/mhd/participants/pages/hipp.htm 573-751-2005	WASHINGTON – Medicaid www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx 1-800-562-3022 ext.15473
MONTANA – Medicaid medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml 1-800-694-3084	WEST VIRGINIA – Medicaid www.dhhr.wv.gov/bms 1-877-598-5820, HMS Third Party Liability
NEBRASKA – Medicaid www.ACCESSNebraska.ne.gov 1-800-383-4278	WISCONSIN – Medicaid www.badgercareplus.org/pubs/p-10095.htm 1-800-362-3002
NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	WYOMING – Medicaid www.health.wyo.gov/healthcarefin/index.html 307-777-7531

If you live in any of the States listed above that have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor or U.S. Department of Health and Human Service

Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)



Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565