

## Women's Health and Cancer Rights Act

The Plan complies with the Women's Health and Cancer Rights Act of 1998. Mastectomy, including reconstructive surgery, is covered the same as other surgery under your Plan option. Following cancer surgery, the SHBP covers:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Reconstruction of the other breast to achieve a symmetrical appearance
- Prostheses and mastectomy bras
- Treatment of physical complications of mastectomy, including lymphedema

Note: Reconstructive surgery requires prior approval, and inpatient admissions require prior notification.

For more detailed information on the mastectomy-related benefits available under the Plan, you can call the toll-free Member Services phone number on the back of your SHBP ID card.

## Newborns' and Mothers' Health Protection Act

The Plan complies with the Newborns' and Mothers' Health Protection Act of 1996.

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 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).

## Health Insurance Portability and Accountability Act Notice of Information Privacy Practices

Georgia Department of Community Health

State Health Benefit Plan Notice of Information Privacy Practices

*Revised October 16, 2013*

**The purpose of this notice is to describe how medical information about you, which includes your personal information, may be used and disclosed and how you can get access to this information. Please review it carefully.**

**The Georgia Department of Community Health (DCH) and the State Health Benefit Plan Are Committed to Your Privacy.** The DCH is the plan sponsor and administers the health plan through the State Health Benefit Plan (the Plan). The DCH understands that your information is personal and private. Certain DCH employees and companies hired by DCH to help administer the Plan (Plan Representatives) use and share your personal and private information in order to administer the Plan. This information is called “Protected Health Information” or “PHI.” This notice tells how your PHI is used and shared by the DCH and Plan Representatives. The DCH follows the information privacy rules of the Health

Insurance Portability and Accountability Act of 1996, (“HIPAA”).

**Only Summary Information is Used When Developing and/or Modifying the Plan.** The Board of Community Health, which is the governing board of DCH, the Commissioner of DCH and the Chief of the Plan administer the Plan and make certain decisions about the Plan. During those processes, they may review certain reports that explain costs, problems, and needs of the Plan. These reports never include information that identifies any individual person. If your employer is allowed to leave the Plan entirely, or stop offering the Plan to a portion of its workforce, DCH may provide Summary Health Information (as defined by federal law) for the applicable portion of the workforce. This Summary Health Information may only be used by your employer to obtain health insurance quotes from other sources and make decisions about whether to continue to offer the Plan.

**Plan “Enrollment Information” and “Claims Information” is Used in Order to Run the Plan.** PHI includes two kinds of information, “Enrollment Information” and “Claims Information”. “Enrollment Information” which includes, but is not limited to, the following types of information regarding your plan enrollment: 1) your name, address, email address, social security number and all information that validates you (and/or your dependents) are eligible or enrolled in the Plan; 2) your plan enrollment choice; 3) how much you pay for premiums;

and 4) other health insurance you may have in effect. There are certain types of “Enrollment Information” which may be supplied to the Plan by you or your personal legal delegate, your employer, other Plan vendors or other governmental agencies that may provide other benefits to you. This “Enrollment Information” is the only kind of PHI your employer is allowed to obtain, and your employer is prohibited by law from using this information for any purpose other than assisting with the Plan enrollment.

“Claims Information” includes information your health care providers submit to the Plan. For example, it may include medical bills, diagnoses, statements, x-rays or lab test results. It also includes information you may submit or communicate directly to the Plan. For example, it may include your health questionnaires, biometric screening results, enrollment forms, leave forms, letters and/or telephone calls. Lastly, it includes information about you that may be originated by the Plan. For example, it may include payment statements and/or other financial transactions related to your health care providers.

**Your PHI is Protected by HIPAA. Under HIPAA,** employees of the DCH and employees of outside companies and other vendors hired either directly or indirectly by the DCH to administer the Plan are “Plan Representatives,” and therefore must protect your PHI. These Plan Representatives may only use PHI and share it as allowed by HIPAA.

**The DCH Must Ensure the Plan Complies with HIPAA.** As Plan sponsor and administrator, the DCH must make sure the

Plan complies with all applicable laws, including HIPAA. The DCH and/or the Plan must provide this notice, follow its terms and update it as needed. Under HIPAA, Plan Representatives may only use and share PHI as allowed by law. If there is ever a breach of your PHI, the DCH must notify you of the breach.

**Plan Representatives Regularly Use and Share your PHI in Order Administer the Plan.** Plan Representatives use and share your PHI in order to administer the Plan. For example, Plan Representatives may verify your eligibility in order to make payment to your health care providers for services rendered. Certain Plan Representatives may work for contracted companies assisting the administration of the Plan. By law, these Plan Representative companies also must protect your PHI. They also must sign “Business Associate” agreements with the Plan to ensure compliance. Additionally, Plan Representative companies may need to share PHI data in order to administer the Plan.

Below are some examples of Plan Representative companies and PHI data sharing. These include, but are not limited to the following:

Claims Administrator Companies: Plan Representatives process all medical and drug claims; communicate with the Plan members and/or their health care providers.

Wellness Program Administrator Companies: Plan Representatives administer wellness programs offered under

the Plan; communicate with the Plan members and/or their health care providers.

Actuarial, Health Care and /or Benefit Consultant Companies: Plan Representatives may have access to PHI in order to conduct financial projections, premium and reserve calculations and financial impact studies on legislative policy changes affecting the Plan. However, they are prohibited by law from using any PHI that includes genetic information for these purposes.

State of Georgia Attorney General's Office, Auditing Companies and Outside Law Firms: Plan Representatives may provide legal, accounting and/or auditing assistance to the Plan.

Information Technology Companies: Plan Representatives maintain and manage information systems that contain PHI.

Enrollment Services Companies: Plan Representatives may provide the enrollment website and/or provide customer service to help Plan members with enrollment matters.

Under HIPAA law, all employees of the DCH must protect PHI and all employees must receive and comply with the DCH HIPAA privacy training. Only those DCH employees designated by the DCH as Plan Representatives for the SHBP healthcare component are allowed to use and share SHBP PHI.

**Plan Representatives May Make Special Uses or Disclosures Permitted by Law.** HIPAA has a list of special situations or uses when the Plan may use or share your PHI without your authorization as permitted by law. The Plan must track the special use or disclosure. Below are some examples of special uses or disclosures for PHI data sharing permitted by law. These include, but are not limited to the following:

Compliance with a Law, or to Prevent Serious Threats to Health or Safety: The Plan may use or share your PHI in order to comply with a law, or to prevent a serious threat to health and safety.

Public Health Activities: The Plan may give PHI to other government agencies that perform public health activities.

Information About Eligibility for the Plan and Improve Plan Administration: The Plan may give PHI to other government agencies that may provide you benefits (such as state retirement systems) in order to get information about your eligibility for the Plan and to improve administration of the Plan.

Research Purposes: Your PHI may be given to researchers for a research project, when the research has been approved by an institutional review board. The institutional review board must review the research project and its rules to ensure the privacy of your information.

**Plan Representatives Share Some Payment Information with the Employee.** Except as described in this notice, Plan Representatives are allowed to share your PHI only with you, and/or with your legal personal representative. However, the Plan may provide limited information to the employee about whether the Plan paid or denied a claim for another family member.

**You May Authorize Other Uses of Your PHI.** Plan Representatives may not use or share your PHI for any reason that is not described in this notice without a written authorization by you or your legal representative. For example, use of your PHI for marketing purposes, or uses or disclosures that would constitute a sale of PHI are illegal without this written authorization. If you give a written authorization, you may revoke it later.

**You Have Privacy Rights Related to Plan Enrollment Information and Claims Information that Identifies You.**

Right to Obtain a Copy your Information, Right to Ask for a Correction: You have the right to obtain a copy of your PHI that is used to make decisions about you. If you think it is incorrect or incomplete, you may contact the Plan to request a correction. .

Right to Ask for a List of Special Uses and Disclosures: You have the right to ask for a list of all special uses and disclosures.

Right to Ask for a Restriction of Uses and Disclosures, or for Special Communications: You have the right to ask for added restrictions on uses and disclosures. You also may ask the Plan to communicate with you at a different address in order to protect your safety.

Right to a Paper Copy of this notice and Right to File a Complaint: You have the right to a paper copy of this notice. Please contact the SHBP Call Center at 1-800-610-1863 or you may download a copy at [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp). If you think your HIPAA privacy rights may have been violated, you may file a complaint. You may file the complaint with the Plan and/or the U.S. Department of Health & Human Services, Office of Civil Rights, Region IV. You will never be penalized by the Plan or your employer for filing a complaint.

**Address to File HIPAA Complaints:**

**Georgia Department of Community Health**

**SHBP HIPAA Privacy Unit**

P.O. Box 1990

Atlanta, GA 30301

1 800 610 1863

**U.S. Department of Health & Human Services**

**Office for Civil Rights**

**Region IV**

Atlanta Federal Center

61 Forsyth Street SW

Suite 3B70

Atlanta, GA 30303-8909

For more information about this notice, contact:

**Georgia Department of Community Health**

**State Health Benefit Plan**

P.O. Box 1990

Atlanta, GA 30301

1 800 610 1863

## **Mental Health Parity and Addiction Equity Act Opt-Out Notice**

Election to be Exempt from Certain Requirements of HIPAA

September 6, 2013

TO: All Members of the State Health Benefit Plan who are not Enrolled in a Medicare Advantage Option

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must comply with a number of requirements. Under HIPAA, state health plans that are “self-funded” may “opt out” of some of these requirements by making a yearly election to be exempt. Your plan option is self-funded because the Department of Community Health pays all claims directly instead of buying a health insurance policy.

Temporary rules implementing the Mental Health Parity and Addiction Equity Act apply January 1, 2014 unless the Department of Community Health again elects to be exempted from this law’s requirements. The temporary rules generated over 4,000 comments, and no final rules addressing these comments have been issued. The Department of Community Health has determined to exempt your State Health Benefit Plan (“SHBP”) option from the Mental Health Parity and Addiction Equity Act, and the temporary rules’ requirements, for the 2014 calendar year.

Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from these federal requirements will be in effect for the plan year starting January 1, 2014 and ending December 31, 2014. The election may be renewed for subsequent plan years.

HIPAA also requires the SHBP to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the SHBP. There is no exemption from this requirement. The certificate provides evidence that you were covered under the SHBP, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer’s health plan, or if you wish to purchase an individual health insurance policy.

## **Centers for Medicaid & Medicare Services Medicare Part D Creditable Coverage Notice**

### **Important Notice from the Department of Community Health About**

#### **Your 2014 Prescription Drug Coverage under the State Health Benefit Plan HRA Options and Medicare**

**For Plan Year: January 1 – December 31, 2014**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State Health Benefit Plan (SHBP) 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 Department of Community Health has determined that the prescription drug coverage offered under SHBP are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are, 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.

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#### **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 15th to 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 Part D Drug Plan?**

If you decide to join a Medicare drug plan, your current SHBP coverage will be affected. If you join a Medicare drug plan and do not terminate your SHBP coverage, SHBP will coordinate benefits with the Medicare drug plan coverage the month following receipt of notice. You should send a copy of your Medicare cards to SHBP at P.O. Box 1990, Atlanta, GA 30301-1990.

**Important:** If you are a retiree and terminate your SHBP coverage, you will not be able to get this SHBP coverage back.

### **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 SHBP 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, if you don't join within 63 continuous days after your current coverage ends, 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 SHBP Call Center at 1 800-610-1863. **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 SHPB 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
- 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).

**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).**

**From:** January 1, 2014 **To:** January 1, 2015  
**Date:** October 1, 2013

## Summaries of Benefits and Coverage

Summaries of benefits and coverage describe each HRA option in the standard format required by the Affordable Care Act. These documents are posted on [dch.georgia.gov/shbp](http://dch.georgia.gov/shbp) under Plan Documents. To request a paper copy, you may call 1-800-610-1863.

## Georgia Law Section 33-30-13 Notice

Member premiums for the Bronze, Silver and Gold HRA options reflect new plan designs and discounts available through new administrators. Some members will experience premium increases as a result of their choice for 2014, while some will experience premium decreases. Since some members will experience a premium increase, DCH provides the following notice: “SHBP actuaries have determined that the total cost of coverage (which includes the cost paid by the State and the cost paid by members) under the Bronze, Silver and Gold HRA Options is 2.6% higher than it would be if the Affordable Care Act provisions that take place in 2014 did not apply.”



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

Through effective planning, purchasing and oversight, the Georgia Department of Community Health (DCH) provides access to affordable, quality health care to millions of Georgians, including some of the state’s underserved and most vulnerable populations. DCH is responsible for Medicaid and PeachCare for Kids®, the State Health Benefit Plan, Healthcare Facility Regulation and Health Information Technology in Georgia. Clyde L. Reese III, Esq., serves as Commissioner for the Georgia Department of Health. To learn more about DCH and its dedication to ***A Healthy Georgia***, visit [www.dch.georgia.gov](http://www.dch.georgia.gov).