



# CATAWBA VALLEY HEALTH SYSTEM

Exceptional Healthcare. Every Person. Every Time.



## Required Notices

Required Notices



## **CVMC EMPLOYEE BENEFIT PLAN**

### **NOTICE OF PRIVACY PRACTICES**

#### **\*\*\*SUMMARY\*\*\***

A federal law, known as the “HIPAA Privacy Rule,” requires that we tell you how we may use and disclose certain personal health information (“PHI”) about you to others. This summary will tell you what our Notice of Privacy Practices (“Notice”) contains, how PHI may be used by the Plan, and certain rights you have with respect to the disclosure of your PHI. For more information, read the full Notice that follows this Summary. This Summary is not intended to be a comprehensive statement of your privacy rights. In case of conflict between this Summary and the complete Notice, the Notice will control. You may also contact our Privacy Official at the contact information set forth on the last page of the Notice.

You are receiving this Notice from the Catawba Valley Medical Center Employee Benefit Plan (the “Plan”), a group health plan subject to the HIPAA Privacy Rule, because you are or may become a participant in the Plan. The Plan is sponsored by Catawba Valley Medical Center (“Plan Sponsor”).

#### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We are committed to protecting your PHI. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) give you a notice of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

#### **HOW THE PLAN MAY USE AND DISCLOSE YOUR PHI**

The Plan may use and disclose your PHI to you or to your personal representative if you have designated or appointed a personal representative for such purposes. In addition, we may use and disclose your PHI without your permission to:

- arrange for payment for any medical care or medical treatments under the Plan;
- facilitate your medical or health care treatment by doctors, nurses or other medical providers; and
- arrange for any other required Plan business activities called “health care operations”

Subject to limitations and conditions that may apply, we may use and share PHI about you without your consent or written permission to people involved in your care or the payment for your care. We may disclose your PHI to specified employees of the Plan Sponsor who perform necessary plan administrative functions. We will disclose the minimum amount of information necessary to the specific function, and those employees cannot use your information for employment-related purposes. We may also use and disclose your PHI without your permission for the reasons stated in the Notice and as allowed or required by law. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given.

Some examples of how we may use and share PHI about you without your written permission include sharing information:

- To report abuse, neglect, or domestic violence;
- To prevent a serious threat to health or safety or prevent public health problems;
- With public agencies that audit, investigate and inspect health programs;
- For lawsuits and legal proceedings; and
- For workers’ compensation purposes.

#### **YOUR RIGHTS**

You have the following rights as described in our Notice:

- The right to request that we put more restrictions on the way we use and disclose your PHI;
- The right to request how and where you receive confidential communications;
- The right to inspect and copy your PHI;
- The right to ask us to change or correct your PHI; and
- The right to ask us for a report describing how and with whom we shared your PHI.

#### **HOW TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the United States Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you file a complaint.

**\*\*\*End of Summary\*\*\***

## **CVMC EMPLOYEE BENEFIT PLAN**

### **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE OF PRIVACY PRACTICES (NOTICE) DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Original Effective Date: April 14, 2003

Latest Revision Effective Date: October 4, 2013

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Catawba Valley Medical Center Employee Benefit Plan, a group health plan (the "Plan"), and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as protected health information or "PHI." Generally, PHI is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

The Plan includes health care benefits, making it a group health plan that must follow the HIPAA Privacy Rule. Benefits other than health care are not covered by the Rule, such as:

- Long-term and short-term disability;
- Accidental death and dismemberment;

- Employee and dependent group term life; and
- Group legal services benefits.

If you have any questions about this Notice or about our privacy practices, please contact our Privacy Official. The contact information for our Privacy Official is included on the last page of this Notice.

#### **I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

In this Notice, we describe the ways that we may use and share health information about people who participate in the Plan. The HIPAA Privacy Rule requires that we protect any health information that can be used to identify you. This type of information is called "protected health information" or "PHI." This Notice describes your rights as someone who uses our health plan. It also describes our duty to limit the way we use and share PHI about you under HIPAA. We are required by law to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of our legal duties and privacy practices governing your PHI; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change or amend the terms of this Notice and to make new provisions regarding your PHI that we maintain as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by mail to your address on file or, if permitted by law, by electronically posting the revised Notice and sharing that information with you.

In some situations, federal and state laws may provide special protections for certain types of PHI. Before we can share this type of PHI, we may require written permission from you. In other situations, these laws do not apply to the administrative activities of group health plans. Examples of PHI that are sometimes specially protected include PHI involving:

- mental health care or treatment;
- HIV/AIDS;

- reproductive health; or
- chemical dependency or substance abuse issues.

We may refuse to share these special types of PHI or we may contact you if written permission is needed to share it.

## **II. HOW WE MAY USE AND DISCLOSE YOUR PHI**

### **A. Using and Disclosing PHI for Treatment, Payment, and Health Care Operations**

Under the law, we may use or disclose PHI under certain circumstances without your permission. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclosed information will fall within one of the categories.

**For your health care treatment.** We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other medical personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicated a pending prescription

**For payment for your health care.** We may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine your benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share your PHI with a utilization review or precertification service provider. Likewise, we may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For the Plan's health care operations.** We may use and disclose your PHI for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and

improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

**Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your PHI to send you information about treatment alternatives or health-related benefits and services that may be of interest to you.

**To Business Associates.** We may contract with individuals or entities known as "Business Associates" to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates may receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

**As Required by Law.** We will disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the Plan, we may disclose to certain employees of the Employer PHI. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without specific authorization.

## **B. Other Ways We Can Use or Disclose Your PHI Without Your Written Authorization and Without Giving You the Chance to Object**

In addition to the above, the following categories describe other possible special situations in which we may use and disclose your PHI without your specific authorization and without giving you the opportunity to object. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### ***Public Health Risks or Activities.***

We may use and share PHI to public health authorities or other people who carry out certain activities that are related to public health which generally include the following activities:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using; or
- to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition.

### ***Abuse, Neglect, or Domestic Violence***

We may share PHI about you in certain cases to the government if we reasonably believe that you have been a victim of domestic violence, abuse, or neglect. (We will only make this disclosure if you agree, or when we are required or authorized by law to do so.)

### ***Health Oversight Activities***

We may disclose PHI to an agency that performs health oversight activities as authorized by law. "Oversight activities" include audits, investigations, inspections, licensure, and disciplinary actions. Such an agency may perform oversight activities to monitor the health care system, the government health care programs, and to make sure the health plans follow certain laws.

### ***Lawsuits, Disputes and Other Legal Proceedings***

If you are involved in a lawsuit or a dispute, we may use or disclose PHI when we are required to do so by a court or an administrative tribunal. PHI may also

be shared in response to subpoenas, discovery requests, other lawful process by someone involved in a legal proceeding. Before we do so, however, we will try to let you know about the request or get a court order or administrative order protecting the personal information.

### ***Law Enforcement***

Under certain conditions, we may disclose your PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar legal request
- in order to identify or locate a suspect, fugitive, material witness, or missing person
- regarding the victim of a crime (or a suspected crime) if, under certain limited circumstances, we are unable to obtain the victim's agreement or consent because of an emergency situation or because the person is not able to give his or her consent;
- to let people who enforce the law know about a death that we think was the result of criminal conduct;
- in connection with a death that we believe may be the result of criminal conduct; or
- regarding a crime or suspected crime or criminal conduct, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

### ***Specialized Government Functions***

Under certain conditions, we may share PHI:

- for certain military and veteran activities, such as determining whether a person may receive veterans' benefits, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority
- with authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law; and
- if you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution and those within.

### ***Workers' Compensation***

We may release your PHI when allowed by workers' compensation laws or other similar laws or programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

### ***Organized Health Care Arrangements***

We may share PHI about you for the purpose of managing organized health care arrangements in which the Plan participates. Organized health care arrangements may exist between the Plan and any health insurance company or health maintenance organization ("HMO"). Such agreements may concern PHI about you that the health insurance company or HMO either creates or receives. The Plan may participate in organized health care arrangements with any other health plans that are maintained by the Plan Sponsor, or with health insurance companies or HMOs with respect to those plans.

### ***Information from Which Data that Identifies You Has Been Removed***

We may use or share PHI from which data that identifies you has been removed such that it is no longer PHI. This information may only be shared for research, public health, and health care operations purposes. The person who receives the information must sign an agreement to protect the information.

### ***Coroners, Medical Examiners, Funeral Directors***

We may release PHI to a coroner or medical examiner to identify a person who has died and to determine the cause of death. We may also release medical information or PHI for participants to funeral directors, in accordance with the law, so that they may carry out their jobs.

### ***Organ and Tissue Donation***

If you are an organ donor, we may use or release your PHI after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transportation.

### ***Research***

We may use and disclose your PHI for research purposes under certain limited circumstances when (1) the individual identifiers have been removed or (2) an institutional review or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

## **C. Required Disclosures**

The following is a description of disclosures of your PHI we are required to make:

***Government Audits.*** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

***Disclosures to You.*** When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

## **D. Other Disclosures**

***Personal Representatives.*** We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice / authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subject to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

***Spouses and Other Family Members.*** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the

request for Restrictions and / or request for Confidential Communications.

**Authorizations.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

### **III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under the HIPAA Privacy Rule, you have the following rights with respect to your PHI:

#### ***Right to Request Restrictions***

You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment or health care operations. You may also ask for more limits on the way we share PHI about you to certain people that are involved in your care or the payment of your care, such as a family member or friend. For example, you could request that we not use or disclose information about a particular surgery that you had. These people would otherwise be allowed by the Privacy Rule to see your information, if not for your request.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to your request, we will honor the restriction until you revoke it or we notify you or unless we are required to disclose PHI to treat you in the case of a medical emergency.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To ask for restrictions, you must send a written letter or email to our Privacy Official. In your request, please include

- The information that you want to limit;
- How you want to limit the information (for example, to prevent any sharing of PHI about you in this office, outside of this office, or both inside and outside the office or whether you wish to limit our use, disclosure or both); and
- To whom you want those restrictions to apply (for example, restrictions on disclosures to your spouse).

#### ***Right to Receive Confidential Communications***

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work, rather than at home or that we only contact you by mail. To request confidential communications, you must make your request in writing to our Privacy Official (contact information below). We will not ask you the reason for your request. Your request must specify how or where we should contact you. For example, if you do not wish to be contacted at home but wish to be contacted by mail, please tell us a post office box or another address to which information may be sent. We will accommodate all reasonable requests.

#### ***Right to Inspect and Copy***

You have the right to ask to see and copy certain PHI about you that may be used to make decisions about your Plan benefits. For example, this includes medical and billing records. However, it generally does not include psychotherapy notes or information that might be used in a court case or another legal proceeding. In addition, we may not allow you to see or get a copy of PHI about you in certain other limited circumstances. To see and get a copy of PHI about you, please contact our Privacy Official. If you ask for a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in giving you the copy. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format; if we cannot agree on an electronic form and format, we will provide you with a paper copy.

### ***Right to Change or Amend***

If you feel that the PHI we have about you is incorrect or incomplete, you may ask that we amend the information. You have the right to request an amendment for as long as the PHI about you is kept or used by the Plan. To make this type of request, you must send either a written request to our Privacy Official. You must also provide a reason that supports your requested change. We may deny your request for an amendment in certain cases. For example, if the request is not in writing or if you do not give us a reason for the request, we may not approve your request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

### ***Right to Know How Your Protected Health Information has been Shared***

You have the right to request an “accounting” of certain disclosures of your PHI. In other words, you have the right to ask us how and with whom PHI about you has been shared. To meet your request, we will give you a list that explains how the information has been shared during a period of up to six (6) years. This list or accounting will not include disclosures made:

- For treatment, payment, and health care operations;
- To family members or friends involved in your care, made available by the written permission of you or your personal representative;
- To you directly or to your personal representative, made available by written permission;
- To family members or friends in your presence or because of an emergency;
- To notify certain officials, for reasons like national security, intelligence, correctional, and law enforcement purposes;

- As disclosures that are incidental to otherwise permissible disclosures of PHI; and
- As part of a set of information that does not directly identify you.

If you wish to request such an accounting, please submit a written request to our Privacy Official identified on the last page of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six (6) years before the date of your request. Your request should also indicate in what form you want the list (for example, paper or electronic). You may receive one free list in each 12-month period, but we may charge you for our reasonable costs if we must give you a second list in that time period. We will tell you about these costs, and you may choose to cancel or modify your request at that time before we charge you for the costs.

### ***Right to Be Notified of a Breach***

You have the right to be notified in the event that we or a Business Associate discover a breach of unsecured protected health information.

### ***Right to a Paper Copy of this Notice***

You have a right to receive a paper copy of this Notice at any time. You may get a paper copy of this Notice even if you earlier agreed to receive a copy of this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed in this Notice.

## **IV. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, please contact our Privacy Official at the mailing address, phone number or email address listed below. All complaints must be submitted in writing.

You will not be penalized, or in any retaliated against and we will not take any negative action against you for filing a complaint with the Office for Civil Rights or with us.

## **V. QUESTIONS**

If you have any questions about this Notice, please contact our Privacy Official at the mailing address, phone number or email address listed below.

**VI. PRIVACY OFFICIAL CONTACT INFORMATION**

You may contact our Privacy Official at the following mailing address, phone number or email address:

*Kim Ratliff*  
Catawba Valley Medical Center  
810 Fairgrove Church Road SE  
Hickory, North Carolina 28602  
(828) 326-3294  
Email: [kratliff@catawbavalleymc.org](mailto:kratliff@catawbavalleymc.org)

This Notice was originally effective on November 4, 2004. This reflects the latest revision dated October 4, 2013.

***Human Resources Representative***

- ◆ These special notices share important information regarding your CVMC Medical Plan.
- ◆ Here is the contact information for employees needing a specific form or individual assistance.

*Lana O'Connor  
Benefits Manager  
Catawba Valley Medical Center  
810 Fairgrove Church Road, SE  
Hickory, NC 28602*

Office Phone	Fax	Email
828-326-3685	828-326-2450	loconnor@catawbavalleymc.org

***Special Enrollment Rights Notice***

- ◆ If you are declining enrollment in Catawba Valley Medical Center's group health 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 you 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.
- ◆ Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance (CHIP) program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.
- ◆ To request special enrollment or obtain more information contact your Human Resources representative.

***HIPAA Notice of Privacy Practices***

- ◆ The Catawba Valley Medical Center Medical Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan.
- ◆ A copy of the Catawba Valley Medical Center Employee Benefit Plan HIPAA Notice of Privacy Practices may be obtained on the Catawba Valley Medical Center Intranet or by requesting a copy in writing to the address below:

Human Resources Department  
Catawba Valley Medical Center  
810 Fairgrove Church Road, SE  
Hickory, NC 28602

***Social Security Number Requirement***

- ◆ Social Security Numbers must be included on the enrollment form for each employee and each dependent spouse and child for federal reporting requirements. Please complete the form entirely to avoid any delay in enrollment.

### **Women's Health and Cancer Rights Act 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.
- ◆ If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, please contact your Human Resources representative.

### **Newborns' and Mothers' Health Protection Act (NMHPA) 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 vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit 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).

### **Medicaid & Children's Health Insurance Program 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'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 January 31, 2020. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>IOWA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563
<b>ALASKA – Medicaid</b>	<b>KANSAS – 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://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884
<b>ARKANSAS – Medicaid</b>	<b>KENTUCKY – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPI.PROGRAM@ky.gov">KIHIPPI.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
<b>CALIFORNIA – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.asp">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.asp</a> Phone: 1-800-541-5555	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>MAINE – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
<b>FLORIDA – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268	Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>GEORGIA – Medicaid</b>	<b>MINNESOTA – Medicaid</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131	Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739
<b>INDIANA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</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	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 <b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000      Omaha: (402) 595-1178</p>	<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a> Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>
<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>
<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>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/default.aspx">http://www.njfamilycare.org/default.aspx</a> CHIP Phone: 1-800-701-0710</p>	<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493</p> <p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>	<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427</p>
<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>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</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>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</p>
<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wequalitycare.acs-inc.com/">https://wequalitycare.acs-inc.com/</a> Phone: 307-777-7531</p>

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

### **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 Catawba Valley Medical Center 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. Catawba Valley Medical Center has determined that the prescription drug coverage offered by MedImpact 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 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 while enrolled in Catawba Valley Medical Center's coverage as an active employee, please note that your Catawba Valley Medical Center coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Catawba Valley Medical Center's coverage as a former employee.

You may also choose to drop your Catawba Valley Medical Center coverage. If you do decide to join a Medicare drug plan and drop your current Catawba Valley Medical Center coverage, be aware that you and your dependents may not be able to get this 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 Catawba Valley Medical Center 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 above for further information or call the Human Resources Department at 828-326-3359. **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 Catawba Valley Medical Center 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).**

### ***Notice Regarding Wellness Program***

The Catawba Valley Medical Center Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment (HRA) that asks questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You may also be asked to complete a biometric screening, which will include a blood test (e.g., lipid panel, glucose, A1C, etc). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a premium incentive for participating. You are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the premium incentive.

**Additional incentives of up to \$150 may be available for employees who participate in certain health-related activities to earn points (health challenges, etc) or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Health4Us Department at 828-326-3410.**

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as participation in chronic disease management programs. You also are encouraged to share your results or concerns with your own doctor.

### ***Protections From Disclosure of Medical Information***

We are required by law to maintain the privacy and security of your personal identifiable health information. Although the wellness program and Catawba Valley Medical Center may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is WellWorks and the Catawba Valley Wellness Staff in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact **Lana O'Connor at 828-326-3685**.

### **Notice of Non-Discrimination**

CATAWBA VALLEY MEDICAL CENTER ("CVMC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CVMC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CVMC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact the Administrator on Duty at 828-326-3720.

If you believe that CVMC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CVMC Civil Rights Coordinator, 828-732-7303 or [civilrights@cvmc.us](mailto:civilrights@cvmc.us). You can file a grievance in person or by mail, or email. If you need help filing a grievance, the CVMC Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم -

**ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ

**繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

**Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés  
gratuitement.

**Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche  
Hilfsdienstleistungen zur Verfügung.

**ગુજરાતી (Gujarati)**

જુઓ: જો તમે ગુજરાતી બોલતા હો, તો િન:લુક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન

**हिंदी (Hindi)**

જુઓ: જો તમે ગુજરાતી બોલતા હો, તો િન:લુક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો

**Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu

**日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。まで、お電話にてご連絡

ください。

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

**ພາສາລາວ (Lao)**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,  
ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທສ

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

**Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

**Tagalog (Tagalog - Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa

**Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.umar.com](http://www.umar.com) or by calling 1-800-826-9781. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.umar.com](http://www.umar.com) or call 1-800-826-9781 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$0</b> person / <b>\$0</b> family Tier 1 Catawba Valley Medical Center <b>\$200</b> person / <b>\$600</b> family Tier 2 UHC Choice Plus & Tier 3 Out-of-network	Generally, you must pay all the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> services are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<b>\$1,000</b> person / <b>\$3,000</b> family Tier 1 Catawba Valley Medical Center <b>\$1,500</b> person / <b>\$4,500</b> family Tier 2 UHC Choice Plus <b>Unlimited</b> person / <b>Unlimited</b> family Tier 3 Out-of-network	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Penalties, <a href="#">premiums</a> , <a href="#">balance billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.umar.com">www.umar.com</a> or call 1-800-826-9781 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays (a <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1	Tier 2	Tier 3	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	\$20 Copay per visit	\$20 Copay per visit; Deductible Waived	20% Coinsurance	None
	<a href="#">Specialist</a> visit	10% Coinsurance	20% Coinsurance	40% Coinsurance	None
	<a href="#">Preventive care/screening/immunization</a>	No charge	No charge; Deductible Waived	20% Coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge office setting; 10% Coinsurance outpatient setting	No charge; Deductible Waived office setting; \$200 Copay per date of service; 20% Coinsurance outpatient setting	20% Coinsurance office setting; \$2,000 Copay per date of service; 40% Coinsurance outpatient setting	None
	Imaging (CT/PET scans, MRIs)	10% Coinsurance	20% Coinsurance; Deductible Waived office setting; \$200 Copay per date of service; 20% Coinsurance outpatient setting	20% Coinsurance office setting; \$2,000 Copay per date of service; 40% Coinsurance outpatient setting	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1	Tier 2	Tier 3	
<b>If you need drugs to treat your illness or condition.</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.medimpact.com">www.medimpact.com</a> .	Generic drugs (Tier 1)		Retail: \$15 CVMC Employee Pharmacy: \$5 Mail Order: \$5		All co-pays shown are for a 30-day supply. Two-month and three-month supplies are only available at CVMC Employee Pharmacy and Mail Order. Specialty drugs are only available at CVMC Employee Pharmacy and MedImpact Direct Specialty Pharmacy. See the benefit materials for more information.
	Preferred brand drugs (Tier 2)		Retail: \$40 CVMC Employee Pharmacy: \$15 Mail Order: \$15		
	Non-preferred brand drugs (Tier 3)		Retail: \$60 CVMC Employee Pharmacy: \$25 Mail Order: \$25		
	<a href="#">Specialty drugs</a> (Tier 4)		Generic: \$5 Preferred Brand: \$15 Non-Preferred Brand: \$25		
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% Coinsurance	\$200 Copay per date of service; 20% Coinsurance	\$2,000 Copay per date of service; 40% Coinsurance	None
	Physician/surgeon fees	10% Coinsurance	20% Coinsurance	40% Coinsurance	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	10% Coinsurance	\$50 Copay per visit; 20% Coinsurance; Deductible Waived facility; 20% Coinsurance physician	\$50 Copay per visit; 20% Coinsurance; Deductible Waived facility; 20% Coinsurance physician	Copay may be waived if admitted
	<a href="#">Emergency medical transportation</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service for Non-emergent air ambulance.
	<a href="#">Urgent care</a>	10% Coinsurance	\$50 Copay per visit; 20% Coinsurance; Deductible Waived	\$50 Copay per visit; 20% Coinsurance; Deductible Waived	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1	Tier 2	Tier 3	
If you have a hospital stay	Facility fee (e.g., hospital room)	10% Coinsurance	\$200 Copay per admission; 20% Coinsurance	\$200 Copay per admission; 40% Coinsurance	Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service.
	Physician/surgeon fee	10% Coinsurance	20% Coinsurance	40% Coinsurance	
If you have mental health, behavioral health, or substance abuse needs	Outpatient services	\$20 Copay per office visit; 10% Coinsurance other outpatient services	\$20 Copay per visit; Deductible Waived office visits; \$200 Copay per date of service; 20% Coinsurance other outpatient services	20% Coinsurance office visit; \$2,000 Copay per date of service; 40% Coinsurance other outpatient services	Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service for Partial hospitalization.
	Inpatient services	10% Coinsurance	\$200 Copay per admission; 20% Coinsurance	\$2,000 Copay per admission; 40% Coinsurance	Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service.
If you are pregnant	Office visits	No charge	No charge; Deductible Waived	20% Coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, deductible, copayment or coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% Coinsurance	20% Coinsurance	40% Coinsurance	
	Childbirth/delivery facility services	No charge up to \$100 Maximum then 10% Coinsurance	\$200 Copay per admission; 20% Coinsurance	\$2,000 Copay per admission; 40% Coinsurance	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1	Tier 2	Tier 3	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service.
	<a href="#">Rehabilitation services</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	None
	<a href="#">Habilitation services</a>	Not covered	Not covered	Not covered	None
	<a href="#">Skilled nursing care</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service.
	<a href="#">Durable medical equipment</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Preauthorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases. If you don't get preauthorization, benefits could be reduced by \$250 per occurrence.
	<a href="#">Hospice service</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	None
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	Not covered	None

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Cosmetic surgery
- Dental care (adult)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery (Tier 1 only)
- Chiropractic care
- Hearing aids
- Private-duty nursing  
(Outpatient care only covered as part of Home Health Care)
- Routine eye care (adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.HealthCare.gov](http://www.HealthCare.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.HealthCare.gov](http://www.HealthCare.gov). Additionally, a consumer assistance program may help you file your [appeal](#). A list of states with Consumer Assistance Programs is available at [www.HealthCare.gov](http://www.HealthCare.gov) and <http://cciio.cms.gov/programs/consumer/capgrants/index.html>.

### Does this [plan](#) Provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this [plan](#) Meet the Minimum Value Standard? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

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*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	10%
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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**In this example, Peg would pay:**

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$100
<b>The total Peg would pay is</b>	<b>\$1,100</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	10%
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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**In this example, Joe would pay:**

<i>Cost Sharing</i>	
Deductibles*	\$0
Copayments	\$100
Coinsurance	\$40
<i>What isn't covered</i>	
Limits or exclusions	\$6,000
<b>The total Joe would pay is</b>	<b>\$6,140</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	10%
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
 Diagnostic tests (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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**In this example, Mia would pay:**

<i>Cost Sharing</i>	
Deductibles*	\$0
Copayments	\$20
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$220</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.umar.com](http://www.umar.com) or call 1-800-826-9781.

\*Note: This plan has other [deductibles](#) for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.



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Important Questions	Answers	Why this Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$1,500</b> person / <b>\$3,000</b> family Tier 1 Catawba Valley Medical Center & Tier 2 UHC Choice Plus <b>\$3,000</b> person / <b>\$6,000</b> family Tier 3 Out-of-network	Generally, you must pay all the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , the overall family <a href="#">deductible</a> must be met before the <a href="#">plan</a> begins to pay.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> services are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<b>\$3,000</b> person / <b>\$6,000</b> family Tier 1 Catawba Valley Medical Center & Tier 2 UHC Choice Plus <b>Unlimited</b> person / <b>Unlimited</b> family Tier 3 Out-of-network <b>\$3,000</b> Tier 1 & Tier 2 / <b>Unlimited</b> Tier 3 Maximum amount that any one person will satisfy towards the annual family out-of-pocket	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Penalties, <a href="#">premiums</a> , <a href="#">balance billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.umar.com">www.umar.com</a> or call 1-800-826-9781 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays (a <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1	Tier 2	Tier 3	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits
	<a href="#">Specialist</a> visit	10% Coinsurance	20% Coinsurance	40% Coinsurance	None
	<a href="#">Preventive care/screening/immunization</a>	No charge	No charge; Deductible Waived	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits; You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits
	Imaging (CT/PET scans, MRIs)	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1	Tier 2	Tier 3	
<b>If you need drugs to treat your illness or condition.</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.medimpact.com">www.medimpact.com</a> .	Generic drugs (Tier 1)	Retail: \$15 CVMC Employee Pharmacy: \$5 Mail Order: \$5			All co-pays shown are for a 30-day supply. Two-month and three-month supplies are only available at CVMC Employee Pharmacy and Mail Order. Specialty drugs are only available at CVMC Employee Pharmacy and MedImpact Direct Specialty Pharmacy. See the benefit materials for more information.
	Preferred brand drugs (Tier 2)	Retail: \$40 CVMC Employee Pharmacy: \$15 Mail Order: \$15			
	Non-preferred brand drugs (Tier 3)	Retail: \$60 CVMC Employee Pharmacy: \$25 Mail Order: \$25			
	<a href="#">Specialty drugs</a> (Tier 4)	Generic: \$5 Preferred Brand: \$15 Non-Preferred Brand: \$25			
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% Coinsurance	20% Coinsurance	40% Coinsurance	None
	Physician/surgeon fees	10% Coinsurance	20% Coinsurance	40% Coinsurance	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits
	<a href="#">Emergency medical transportation</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits; Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service for Non-emergent air ambulance.
	<a href="#">Urgent care</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1	Tier 2	Tier 3	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	10% Coinsurance	20% Coinsurance	40% Coinsurance	Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service.
	Physician/surgeon fee	10% Coinsurance	20% Coinsurance	40% Coinsurance	
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Outpatient services	10% Coinsurance	20% Coinsurance	20% Coinsurance office visit; 40% Coinsurance other outpatient services	Tier 2 deductible applies to Tier 3 benefits office visits; Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service for Partial hospitalization.
	Inpatient services	10% Coinsurance	20% Coinsurance	40% Coinsurance	Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service.
<b>If you are pregnant</b>	Office visits	No charge	No charge; Deductible Waived	20% Coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, deductible, copayment or coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% Coinsurance	20% Coinsurance	40% Coinsurance	
	Childbirth/delivery facility services	10% Coinsurance	20% Coinsurance	40% Coinsurance	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1	Tier 2	Tier 3	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits; Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service.
	<a href="#">Rehabilitation services</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits
	<a href="#">Habilitation services</a>	Not covered	Not covered	Not covered	None
	<a href="#">Skilled nursing care</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits; Preauthorization is required. If you don't get preauthorization, benefits could be reduced by \$250 of the total cost of the service.
	<a href="#">Durable medical equipment</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits; Preauthorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases. If you don't get preauthorization, benefits could be reduced by \$250 per occurrence.
	<a href="#">Hospice service</a>	10% Coinsurance	20% Coinsurance	20% Coinsurance	Tier 2 deductible applies to Tier 3 benefits
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	Not covered	None

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Cosmetic surgery
- Dental care (adult)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery (Tier 1 only)
- Chiropractic care
- Hearing aids
- Private-duty nursing  
(Outpatient care only covered as part of Home Health Care)
- Routine eye care (adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.HealthCare.gov](http://www.HealthCare.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.HealthCare.gov](http://www.HealthCare.gov). Additionally, a consumer assistance program may help you file your [appeal](#). A list of states with Consumer Assistance Programs is available at [www.HealthCare.gov](http://www.HealthCare.gov) and <http://cciio.cms.gov/programs/consumer/capgrants/index.html>.

### Does this [plan](#) Provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this [plan](#) Meet the Minimum Value Standard? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

—————To see examples of how this plan might cover costs for a sample medical situation, see the next page.—————

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	10%
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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#### In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$100
<b>The total Peg would pay is</b>	<b>\$1,100</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	10%
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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#### In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles*	\$0
Copayments	\$100
Coinsurance	\$40
<i>What isn't covered</i>	
Limits or exclusions	\$6,000
<b>The total Joe would pay is</b>	<b>\$6,140</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> <a href="#">coinsurance</a>	10%
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic tests (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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#### In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles*	\$0
Copayments	\$20
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$220</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.umar.com](http://www.umar.com) or call 1-800-826-9781.

\*Note: This plan has other [deductibles](#) for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.