

Table of Contents

Medicare Part D Notice 2

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Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain



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 would like more

information on WHCRA benefits, call your plan administrator 562-985-7950



Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal



consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 562-985-7950

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

Notice of Choice of Providers

The Anthem HMO and Kaiser HMO plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem and Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Stephanie De La Torre at 562-985-7950.

VERMONT Medicaid	
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	
VIRGINIA	Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	
WASHINGTON	Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	
WEST VIRGINIA	Medicaid
Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
WISCONSIN	Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	
WYOMING	Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services

Notice of Certain Deadline Extensions and Summary of Material Modifications

Prepared for Plan Participants

Effective 1/1/2022

This document provides notice of the potential expiration of the deadline relief that began on March 1, 2020 and an explanation of how that expiration will affect certain deadlines tolled under prior guidance applicable to ERISA plans. Specifically deadlines cannot be tolled for longer than one-year, so depending on the date an individual action would have been required, some deadline extensions will be expiring on February 28, 2021. Whether deadlines are tolled or resume will depend on the specific date you were required to take action or provide notice to the plan. You should take the time to read this Summary carefully. You should take the time to read this Summary carefully.

End of Relief Period Extending Certain Deadlines in Response to the COVID-19 Crisis will Depend on the Date an Individual Action Would Have been Required with some Deadlines resuming Feb. 28, 2021

On April 28, 2020 Multi-Agency guidance extended certain deadlines that apply to group health plans that fall within the COVID-19 outbreak period beginning March 1, 2020. Those deadlines included and were limited to the following:

The 30-day period to request special enrollment under HIPAA (or 60-day period as applicable to CHIP enrollment requests);

- employees, spouses, and new dependents are allowed to enroll upon marriage, birth, adoption, or placement for adoption;
- employees and dependents are allowed to enroll if they had declined coverage due to other health coverage and then lose eligibility or lose all employer contributions towards active coverage;
- employees and their dependents are allowed to enroll upon loss of coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs;

The 60-day election period for COBRA continuation coverage;

The deadline for making COBRA premium payments;

The 60-day deadline for individuals to notify a plan of a COBRA qualifying event or determination of disability;

individualized applicable dates, the timeframes for employees/participants with periods that were previously tolled will resume.

Examples and Explanations:

If a qualified beneficiary would have been required to make a COBRA election by March 1, 2020, the individual can wait until February 28, 2021, which is the earlier of 1 year from March 1, 2020 or the end of the Outbreak Period. Because the individual had 60 days to elect before the start of the Outbreak he or she would need to make an election by February 28, 2021.

If a qualified beneficiary would have been required to make a COBRA election by March 1, 2021, the Notice delays that election requirement until the earlier of 1 year from that date (March 1, 2022) or the end of the Outbreak Period, with the possibility of an additional 60-day extension.

If an individual experienced the birth of a child in February 2021 and the National Emergency was declared over July 1, 2021 (hypothetically), the employee would have 60 days from the end of the National Emergency plus 30 days under HIPAA to give notice of the birth to request enrollment from the plan, September 29, 2021.

Again, if you have any questions regarding these changes to the Plan or your specific circumstances, please contact Stephanie De La Torre during normal business hours at 6300 State University Drive, STE 332 Long Beach, CA 90815 telephone nu24 5.-5(.)m.8T .62-56t

