



2020

OFFICIAL BENEFIT NOTICES

FOR

FULL-TIME EMPLOYEES AND

INSURANCE ELIGIBLE PART-TIME EMPLOYEES

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If you have questions regarding these Benefit Notices, please contact the Human Resources Department at 952-563-8710,

SUMMARY OF BENEFITS AND COVERAGE

As directed by the Patient Protection and Affordable Care Act (PPACA) the City of Bloomington Group Health Plan will provide employees with a concise document detailing simple and consistent information about health plan or individual insurance policy benefits and coverage called the Summary of Benefits and Coverage (SBC). The SBC will help employees better understand the coverage they have and allow them to easily compare different coverage options. It will summarize the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions. The SBCs for the health plans can be found on the *Public Employees Insurance Plan web page* - [PEIP Link](#). If you would like a paper copy of the SBCs, please call Human Resources Department at 952-563-8710.

NOTICE OF HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment 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 towards your or your dependents' other coverage). However, you must request enrollment within 30 days' or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact

Human Resources
City of Bloomington
1800 W. Old Shakopee Road
Bloomington, MN 55431
952-563-8710

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.

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 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 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 July 31, 2019. Contact your State for more information on eligibility.

ALABAMA – Medicaid	Phone: 1-855-692-5447; Website: http://myalhipp.com/
ALASKA – Medicaid	The AK Health Insurance Premium Payment Program; Phone: 1-866-251-4861 Website: http://myakhipp.com/ Email: CustomerService@MyAKHIPP.com
ARKANSAS –Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Health First Colorado (Medicaid) & Child Health Plan Plus (CHP+)	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA –Medicaid	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Click on Health Insurance Premium Payment (HIPP); Phone: 678-564-1162 ext 2131
INDIANA – Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid; Phone 1-800-403-0864; Website: http://www.indianamedicaid.com
IOWA – Medicaid	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
KENTUCKY –Medicaid	Website: http://chfs.ky.gov Phone: 1-800-635-2570
LOUISIANA –Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003; TTY: Maine relay 711
MASSACHUSETTS – Medicaid & CHIP	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA – Medicaid	Phone: 1-800-657-3739; Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp

MISSOURI –Medicaid	Phone: 573-751-2005; Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
MONTANA –Medicaid	Phone: 1-800-694-3084; Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
NEBRASKA – Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633; Lincoln: (402) 473-7000; Omaha: (402) 595-1178
NEVADA – Medicaid	Medicaid Phone: 1-800-992-0900; Medicaid Website: http://dhcnp.nv.gov
NEW HAMPSHIRE – Medicaid	Phone: 603-271-5218; Website: https://www.dhhs.nh.gov/ombp/nhhpp Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	Medicaid Website & Medicaid Phone: 609-631-2392 http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP Phone: 1-800-701-0710; CHIP Website: http://www.njfamilycare.org/index.html
NEW YORK –Medicaid	Phone: 1-800-541-2831; Website: https://www.health.ny.gov/health_care/medicaid/
NORTH CAROLINA – Medicaid	Phone: 919-855-4100; Website: https://medicaid.ncdhhs.gov/
NORTH DAKOTA – Medicaid	Phone: 1-844-854-4825; Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
OKLAHOMA – Medicaid & CHIP	Phone: 1-888-365-3742; Website: http://www.insureoklahoma.org
OREGON – Medicaid	Phone: 1-800-699-9075; Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
PENNSYLVANIA – Medicaid	Phone: 1-800-692-7462; Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
RHODE ISLAND –Medicaid	Phone: 855-697-4347; 401-462-0311 (Direct Rite Share Line); Website: http://www.eohhs.ri.gov/
SOUTH CAROLINA – Medicaid	Phone: 1-888-549-0820; Website: https://www.scdhhs.gov
SOUTH DAKOTA - Medicaid	Phone: 1-888-828-0059; Website: http://dss.sd.gov
TEXAS – Medicaid	Phone: 1-800-440-0493; Website: http://gethipptexas.com/
UTAH – Medicaid and CHIP	Medicaid Website: https://medicaid.utah.gov/ ; CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7660
VERMONT–Medicaid	Phone: 1-800-250-8427; Website: http://www.greenmountaincare.org/
VIRGINIA – Medicaid & CHIP	Medicaid Phone: 1-800-432-5924; Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282; CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
WASHINGTON –Medicaid	Website: https://www.hca.wa.gov/ ; Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid	Toll-free phone: 1-855-MyVWHIPP (1-855-699-8447); Website: http://myvwhipp.com/
WISCONSIN – Medicaid & CHIP	Phone: 1-800-362-3002; Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
WYOMING –Medicaid	Phone: 307-777-7531; Website: https://wyequalitycare.acs-inc.com/

To see if other states have added a premium assistance program since July 31, 2019 or for information on special enrollment rights contact either:

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

U.S. Department of Health and Human
Centers for Medicare & Medicaid
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

MEDICARE PART D CREDITABLE COVERAGE NOTICE – HEALTH INSURANCE

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE OMB 0938-0990
FOR USE ON OR AFTER APRIL 1, 2011 CMS Form 10182-CC Updated April 1, 2011

Important Notice from the Public Employees Insurance Program About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Public Employees Insurance Program 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 and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Public Employees Insurance Program has determined that the prescription drug coverage offered under the Advantage High, the Advantage Value, and the HSA Compatible plans are, 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 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Public Employee Insurance Program coverage will not be affected. If you decide to enroll in Medicare prescription drug plan, you may also continue your employer-sponsored coverage. If you elect Part D, this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Public Employees Insurance Program coverage, be aware that you and your dependents will not be able to get back this coverage.

Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 the Public Employees Insurance Program 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...

For further information call the Public Employees Insurance Program at 1-800-829-5601. **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 Public Employees Insurance Program 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
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2019
Name of Entity/Sender: Public Employees Insurance Program
Contact-Position/Office: Innovo Benefits Administration
7805 Telegraph Road, Suite 110
Bloomington, MN 55438
Phone Number: 1-800-829-5601

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Notice Distributed October 2019

MEDICARE PART D CREDITABLE COVERAGE NOTICE – HRA/VEBA

**IF YOU OR ANY OF YOUR COVERED FAMILY MEMBERS ARE NOT
MEDICARE ELIGIBLE, PLEASE DISREGARD THIS NOTICE.**

Important Notice from the City of Bloomington About Your Prescription Drug Coverage and Medicare

**YOU MAY DISREGARD THIS NOTICE IF YOU ARE NOT ELIGIBLE FOR MEDICARE PART D, OR WILL NOT
BECOME ELIGIBLE WITHIN 12 MONTHS**

If you or a covered dependent has Medicare Part A and/or B (or will be eligible within the next 12 months) you will want to read this notice and the Medicare Part D Creditable Coverage Notice – Health Insurance from the City of Bloomington.

As required by law, this notice informs you that the City of Bloomington's **Health Reimbursement Arrangement (HRA)/VEBA Account plan is not expected to payout as much or more than the standard Medicare prescription drug program** that will be in effect January 2020.

However, in determining if you should consider purchasing a Medicare prescription drug plan, you should consider the HRA plan in conjunction with the City of Bloomington Group Health Plan with Medica. If that coverage is expected to pay out as much or more than the standard Medicare prescription drug program, you will have creditable coverage and will not be penalized if you choose not to enroll in a Medicare prescription drug plan at this time and circumstances change and you later want to enroll.

Women's Health and Cancer Rights Act (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

Call PEIP at 952-746-3101 or 1-800-829-5601 for more information.

COBRA NOTICE

Continuation of Insurance Coverage Rights

VERY IMPORTANT NOTICE

****Continuation Coverage Rights Under COBRA****

Introduction

You are receiving this notice because you recently gained coverage under the City of Bloomington Group Health Plans (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to obtain it. Both you and your spouse (if applicable) should take time to read this notice carefully.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage through the Health Insurance Marketplace.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should contact the Human Resources Department.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

COBRA CONTINUATION COVERAGE

Qualified Beneficiaries and Qualifying Events

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee covered under the plan, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than gross misconduct;
4. Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the Plan as a "dependent child."

Notice Requirements and Timing

The Group Health Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Human Resources Department has been notified that a qualifying event has occurred by contacting the Human Resources Department:

Human Resources
City of Bloomington
1800 W. Old Shakopee Road
Bloomington, MN 55431
952-563-8710

Under COBRA Continuation the employee, spouse or dependent has 60 days from the date of the divorce, legal separation or a child losing dependent status under the group Health Plan to inform the Human Resources Department of any of these qualifying events.

Continuation Period

Once the Human Resources Department receives a timely notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. **When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B or both), or a dependent child losing eligibility as a dependent COBRA continuation coverage lasts for up to 36 months.**

Under Minnesota Law there is a provision for divorce or legal separation occurring between the employee and a covered spouse as well as the surviving spouse or dependent of a deceased employee: If you are a former spouse or surviving spouse or dependent of a deceased employee, you may continue coverage until coverage would otherwise terminate under the Group Health Plan Policy. For former and surviving spouses this means coverage would end when covered under a Medicare policy and for dependents this means coverage would end when the child stops being eligible under the Group Health Plans as a "dependent child."

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Human Resources Department in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must make sure that the Human Resources Department is notified of the disability award.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Election

Under the law, you have at least 60 days from the date you would lose coverage (because of one of the qualifying events) to inform the Human Resources Department that you want to elect coverage. There is an exception under Minnesota law: If you are a surviving dependent or spouse of a deceased employee, you have 90 days in which to inform the Human Resources Department of your election of continuation coverage. In the case of incapacitation of the qualified beneficiary election can be made by the legal representative, estate or spouse of the qualified beneficiary.

If, at the end of your election period, you do not choose continuation of coverage, your coverage will end and you will not be allowed to rejoin at a later date.

Monthly Premium

A person who elects continuation coverage is required to pay the entire cost of the continued coverage. The first premium is due within 45 days of the date you elect coverage, retroactive to the first day of lost coverage. Thereafter, premiums should be paid on the first of the month for that month's coverage. There is a 30 day grace period for receipt of payment.

Reasons for Termination of Coverage

The law provides that your continuation of coverage may be terminated for any of the following reasons:

1. The premium for your continuation coverage is not paid on a timely basis;
2. You become covered under another Group Health Plan;
3. You extend coverage beyond the first 18 months due to your disability and there has been a final determination that you are no longer disabled;
4. You become entitled to Medicare; or
5. The City no longer provides group health coverage to any of its employees.

Additional Information

Other coverage options besides COBRA Continuation Coverage

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Public Health Services Act including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact Regional Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa/. For more information about the Marketplace, visit www.HealthCare.gov or for Minnesota residents visit www.mnsure.org.

Your Responsibilities

It is your responsibility to notify the Human Resources Department of a marriage, divorce, legal separation, or a child losing dependent status under the Group Health Plan within 60 days from the date of the event. It is also your responsibility to inform the Human Resources Department of any change in address that you or your dependents may have. You should keep a copy, for your records of any notices you send to the Human Resources Department.

Plan contact information

Human Resources
City of Bloomington
1800 W. Old Shakopee Road
Bloomington, MN 55431
952-563-8710

MOTHERS' AND NEWBORNS' HEALTH 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 law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF AVAILABILITY OF REASONABLE ALTERNATIVE STANDARD

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at

Human Resources
City of Bloomington
1800 W. Old Shakopee Road
Bloomington, MN 55431
952-563-8710

Human Resources will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

HIPAA NOTICE OF PRIVACY PRACTICES

City of Bloomington Health Care Components Notice of Privacy Practices Effective July 1, 2005 Amended September 1, 2013

This notice describes how medical information and other private information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Under the Minnesota Government Data Practices Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have the right to privacy regarding your Protected Health Information (PHI). These laws protect your right to privacy regarding your PHI, however these laws also allow the City to use and disclose information with others if required by law. Under HIPAA, we are required to keep your PHI private and give you a notice of our legal duties and privacy practices to protect your protected health information. We will limit the use and disclosure of PHI to the minimum necessary to provide services and benefits to you or to accomplish the intended purpose of the use, disclosure, or request. Protected Health Information is health information about you which can be used to identify you and relates to your past, present, or future physical or mental health condition(s), related health care services, and payment. The City is required to abide by the terms of the notice currently in effect.

However, we reserve the right to change the privacy practices described in this notice, in accordance with law. Changes to our privacy practices apply to all health information we maintain as well as any information we receive in the future. If the City changes its privacy practices, we will post the new notice at each City site and facility and provide it as required by law. You may ask for a copy of the current notice anytime you visit a City facility, or online at www.bloomingtonmn.gov.

This Notice describes the privacy practices pertaining to the use and disclosure of PHI that apply to the covered health care components of the City which consist of the Social Services Department; the Employment and Economic Assistance Department (except Child Support); the Public Health Department (except for Nursing Services provided to the City Jail and for Disease Control); the Civil Division of the City Attorney's Office; Financial Services; Information Technology; the City Health Care Flexible Spending Account; and the Community Services Administration Department.

This Notice will be interpreted for you in other languages, if requested.

The City may use and disclose your Protected Health Information without your Authorization:

- **For Treatment.** The City may use or disclose your health information with health care providers such as doctors, nurses, therapists and social workers who are involved in your health care. For example, information may be shared with City staff or providers outside our system to create or carry out a plan for your treatment.
- **For Payment.** The City may use or disclose your health information to obtain payment for or to pay for the health services you receive. For example, the City may provide PHI in order to bill your health plan for health care provided to you.
- **For Health Care Operations.** The City may use or disclose health information about you in order to manage its programs and activities. For example, the City may use your PHI to review the quality of the services you receive, to train employees, or to call you by name in the waiting area when City staff is ready to meet with you.
- **For Appointments and other Health Information.** Unless you have instructed us not to, the City may send you reminders for medical care or checkups. The City may send you the information about health services that may be of interest to you.

- **For Health Oversight Activities.** The City may use or disclose your health information to staff at the City or to authorities outside the City for the purposes of inspection or investigation of health care providers.
- **For Public Health Activities.** The City may use or disclose health information about you for public health activities required or permitted by law. This may include using your medical record to report certain diseases, birth or death information, or information related to child abuse or neglect.
- **For Judicial and Administrative Proceedings.** We may disclose health information about you in response to a court order or as otherwise authorized by law. For example, a court order or law may require the City staff to share PHI with the court and attorneys in a family court proceeding.
- **For Law Enforcement.** We may disclose your health information to law enforcement when required by federal or state law. For example, a law may require the City staff to disclose PHI to law enforcement in response to legal proceedings or medical emergencies.
- **For Abuse Reports and Investigations.** If the City suspects abuse, neglect, or domestic violence, we may disclose health information about you as required or permitted by law.
- **For Government Programs.** The City may use and disclose PHI for public benefits under other government programs as authorized by law.
- **For Reports to Coroner, Medical Examiners, and Funeral Directors.** The City may disclose your PHI to coroners, medical examiners, and funeral directors as authorized by law. For example, we may disclose PHI to a coroner or medical examiner to identify an individual or to determine the cause of death.
- **For Research.** The City may use and disclose your PHI for research purposes as authorized by law.
- **For Health and Safety Concerns.** The City may disclose your PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Workers Compensation.** The City may disclose your PHI as authorized by law to Workers' Compensation or similar programs.
- **For Specialized Government Functions.** The City may disclose your PHI to government agencies with special functions, such as veteran's activities, National Security and Intelligence activities, Protection Services to the President, and correctional institutions and other law enforcement custodial situations as authorized by law.
- **For Individuals Involved in Your Care or Payment for Your Care.** The City may disclose your PHI to family or other persons you identify as directly involved in your health care. You may object to the sharing of this information.
- **Decedents.** The City may disclose a decedent's PHI to family members and others who were involved in care or payment of care of the decedent prior to death.
- **Inmates.** The City may disclose PHI as authorized by law to a correctional institution having legal custody of you in order for the institution to give you health care; for the health and safety of you or others; or for the safety and security of the institution.
- **When Requested by Law.** The City may use or disclose PHI when required by federal or state law.
- **Parental Access.** Minnesota law requires the City to disclose PHI to parents, guardians, and persons acting in a similar legal status in most situations. We will act consistent with Minnesota law.

Protected Health Information That Requires Written Authorization:

- Other than the uses and disclosures described previously, the City will not use or disclose your PHI without your written authorization, unless otherwise authorized by law.
- The City will not use or disclose your PHI for marketing or fundraising purposes and is prohibited from selling PHI without your authorization.
- The City is prohibited from using or disclosing genetic information for underwriting purposes.
- The City may disclose to a school proof of immunization from a Client's Immunization Record Card. The parent or guardian signs an Authorization for Release at the time the immunization is given.

You have the following Privacy Rights regarding your Protected Health Information:

- **You have the right to inspect and obtain copies of your records**, unless the information has been compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceedings. You must make the request in writing. You will be charged a fee for copying costs.
- **You have the right to ask for a copy of your electronic record in an electronic format.** The City is in the process of improving its technological capabilities to give you a secure electronic copy.
- **You have the right to request that we amend the health information we maintain in your medical or billing record.** Your request must be in writing and we may deny your request in certain circumstances.
- **You have the right to a List of Disclosures.** You have the right to ask for a list of disclosures of your PHI made by the City in the six year period prior to the date of your disclosure request. You must make the request in writing. This list will not include the disclosures made for treatment, payment or health care operations. This list will not include information made directly to you or your family. In addition, the list will not include information that was sent pursuant to your authorization or as otherwise authorized by law. If you request a list more than once during a year, we may charge you a fee for each subsequent request.
- **You have the right to request limits on the uses or disclosures of PHI.**
 - You have the right to ask that the City limit how your PHI is used or disclosed. You must make the request in writing and tell the City what information you want to limit and to whom you want the limits to apply. The City is not required to agree to the restriction, except as otherwise authorized by law and as stated in section b below. You may make a request at any time, either verbally or in writing that the restrictions you have requested be terminated. Verbal requests will be documented by the City.
 - The City must comply with your request to restrict the disclosure of your PHI if: the disclosure is to a health plan for purposes of carrying out payment or health care operations and the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.
- **You have the right to revoke your authorization to release PHI.** If you sign an authorization requesting the City to use or disclose your PHI, you may revoke that authorization at any time by notifying the City in writing. This revocation will not apply to any PHI that was disclosed prior to the City's receipt of your written notification.
- **You have the right to choose how the City communicates with you.** You have the right to ask that the City share information with you in a certain way or in a certain place. For example, you may ask the City to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

- **You have the right to file a complaint.** You have the right to file a complaint if you do not agree with how the City has used or disclosed PHI about you.
- **You have the right to or will receive notifications of breaches of your unsecured PHI.**
- **You have the right to receive a paper copy of this notice at any time.**

You may contact the City to review, correct, or limit your Protected Health Information:

You may contact the City Privacy Officer at the address listed at the end of this notice to:

1. Ask to look at or copy your records.
2. Ask to limit how information about you is used or disclosed.
3. Ask to cancel your authorization.
4. Ask to correct or change your records.
5. Ask for a list of the times the City disclosed protected health information about you.

The City may deny your request to look at, copy or change your records. If the City denies your request, we will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with the City or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to file a complaint or report a problem:

If you want to file a complaint or to report a problem with how the City has used or disclosed information about you, you may complain to the City HIPAA Privacy Official at the address listed below or to the Office of Civil Rights, Medical Privacy Complaint Division, U.S. Department of Health and Human Services.

Your benefits will not be affected by any complaint you make. The City cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

If you have any questions about this notice or need more information, please contact the City Privacy Officer.

Bloomington City Manager
 City of Bloomington Privacy Official
 Bloomington Civic Plaza
 1800 West Old Shakopee Road
 Bloomington, Minnesota 55431
 (952) 563-8700

Office of Civil Rights – Medical Privacy,
 Complaint Division
 U.S. Department of Health and Human Services
 200 Independence Avenue SW
 HHH Building, Room 509H
 Washington, D.C. 20201
 (866) 627-7748/TTY: (866) 788-4989

MNSURE

MNSURE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE: FOR EMPLOYEES WHOSE EMPLOYERS OFFER HEALTH COVERAGE

General Information

When key parts of the health care law known as the Affordable Care Act take effect, there will be a new place to buy health insurance in Minnesota; MNSure. To assist you as you evaluate options for you and your family, this notice provides some basic information about MNSure and employment-based health coverage offered by your employer.

What is MNSure?

MNSure is designed to help you find health insurance that meets your needs and fits your budget. MNSure offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium for health insurance plans sold through MNSure or free or low-cost insurance from Medical Assistance or MinnesotaCare. Open enrollment for health insurance coverage through MNSure begins November 1, 2019 for coverage starting as early as January 1, 2020.

Can I Save Money on my Health Insurance Premiums through MNSure?

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through MNSure?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit or MinnesotaCare through MNSure and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, a reduction in certain cost-sharing, or MinnesotaCare if your employer does not offer coverage that meets certain standards. If the cost of a plan from your employer for you, the employee only, is more than 9.5% of your household income for the year, or if the coverage does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

If you are seeking help paying costs for health coverage through MNSure, you will need information about the cost and value of your employer coverage to complete an online or paper application. If your employer offers health coverage to you, ask your employer to complete and give you the Health Coverage from Jobs (Appendix A) form. If your employer does not offer coverage to you, you do not need your employer to complete the Health Coverage from Jobs (Appendix A) form.

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

How Can I Get More Information?

There is help available to you to evaluate your coverage options through MNSure, including your eligibility for coverage through MNSure and its cost. Please visit www.mnsure.org for more information, including an online application for health insurance coverage, or call 1-855-3MNSure (1-855-366-7873).

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Employee Rights Under the Family and Medical Leave Act

Leave Entitlement

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

Benefits and Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave. Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility. Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor Wage and Hour Division