

Redwood Empire Electrical Workers Health & Welfare Trust Fund
2525 Cleveland Avenue, Suite C
Santa Rosa, CA 95403
(707) 526-1996

August 2022

TO: ACTIVE & RETIRED PARTICIPANTS

RE: ANNUAL NOTICES for Redwood Empire Electrical Workers Health and Welfare Plan (“PLAN”)

This Notice includes Annual Notices the Plan is required to provide you with under the Affordable Care Act (“ACA”) and other Federal Laws. **This Notice is intended for informational purposes only and to remind you of certain Plan rules. No action is necessary on your part.**

A. HEALTH REIMBURSEMENT ACCOUNT (“HRA”) – IMPORTANT REMINDERS!

As an important reminder, you may submit an HRA eligible claim to NAVIA Benefits to receive HRA reimbursements. If your claim expense is greater than your HRA account balance, you may only receive up to the funds available in your HRA account. Under the HRA Plan rules, you may be reimbursed for up to the balance in your account if you meet the eligibility requirements. Furthermore, the HRA claims for each eligible Participant and/or eligible Dependent must be for Qualifying Medical expenses incurred during a Covered Period and the claims must include receipts or documentation that the expense being incurred is eligible for reimbursement in order for you to claim a reimbursement. Please further note if you do NOT substantiate your HRA claims NAVIA Benefits, the Administrator for the HRA account, is permitted to deny your reimbursement claim or access to your HRA debit card including requiring you to repay the improper unsubstantiated claim, offset future claims until you repay the amount and/or withholding the improper payment from your wages or other compensation to the extent consistent with applicable law. **It is also important to note there are NO CASH benefits permitted under the HRA Plan. As such, you are encouraged to spend down your HRA account for Qualified Medical Expenses.** For more information, please refer to your copy of the HRA Plan Document.

Please contact NAVIA benefits for more information on your account balance either at 1-866-897-1996 or via their website www.naviabenefits.com.

B. OPEN ENROLLMENT – REMINDER

You are permitted to make your annual election to change your medical plan at any time during the year. However, once elected, you will not be able to change medical plans for a consecutive twelve-month period following the date of your election, unless you qualify for “Special Enrollment Rights” (See your copy of the Summary Plan Description for additional details on Page 25).

**C. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (“HIPAA”)
AVAILABILITY OF THE NOTICE OF PRIVACY PRACTICES**

The Board of Trustees of the Plan has adopted a Notice of Privacy Practices. The Notice of Privacy Practices describes the permitted ways that the Plan uses and discloses your Protected Health Information (“PHI”), your HIPAA privacy rights, and the Plan’s legal responsibility regarding your PHI. You can contact the Trust Fund Office to request a paper copy of the Notice at any time. The Notice is also automatically provided to you at least once every three years or when there is a material change to the Notice. **NOTE:** Depending on the insured coverage you are enrolled in, Kaiser HMO, Sutter Health Plus HMO, Western Health Advantage HMO and PPO, and United American Medical may also have its own HIPAA Notice of Privacy Practices and may also send you a copy of their own rules.

D. WOMEN'S HEALTH AND CANCEL RIGHTS ACT OF 1998

Under Federal Law, Group Health Plans, Insurers, and Health Maintenance Organizations (“HMO”) (such as Kaiser Permanente, Sutter Health Plus, and Western Health Advantage) that provide medical and surgical benefits in connection with a mastectomy must provide benefits for reconstructive surgery, in consultation with the attending physician and patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed; and
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas; in a manner determined in consultation with the attending physician and the patient.

This coverage is subject to the Plan’s applicable (if any) annual deductibles, coinsurance, and co-payment provisions (consistent with those established for other benefits under the Plan). This Plan complies with these requirements. If you have any questions about whether your Plan covers mastectomies or reconstructive surgery, you may contact your selected Health Plan directly. The toll-free number for Kaiser Permanente is (800) 464-4000. The toll-free number for Sutter Health Plus HMO is (855) 315-5800. The toll-free number for Western Health Advantage HMO is (888) 563-2250. The toll-free number for Western Health Advantage PPO is (844) 783-0927. The toll-free number for United American Medical is (888) 344-2522.

E. NEWBORNS AND MOTHERS HEALTH PROTECTION ACT

Under Federal Law, Group Health Plans, Health Insurance Issuers, and Health Maintenance Organizations may not generally restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the Plan or Issuer (ex. Kaiser Permanente or Sutter Health Plus or Western Health Advantage) may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

In addition, under Federal Law, Plans and Issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. A Plan or Issuer may not, under Federal Law, require that a physician or other Health Care Provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification.

For information on precertification or if you have any questions about your Plan’s coverage as it relates to childbirth or a newborn child, you may contact your selected Health Plan. The toll-free number for Kaiser Permanente is (800) 464-4000. The toll-free number for Sutter Health Plus HMO is (855) 315-5800. The toll-free number for Western Health Advantage HMO is (888) 563-2250. The toll-free number for Western Health Advantage PPO is (844) 783-0927. The toll-free number for United American Medical is (888) 344-2522.

F. AFFORDABLE CARE ACT – AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (“SBC”)

Group Health Plans, Insurers, and Health Maintenance Organizations (“HMOs”) are responsible for providing an SBC annually to all eligible Participants as well as to all future eligible new Participants and their Dependents upon initial and special enrollment, as well as 60 days prior to a mid-year material modification of the SBC. The SBC provides a summary of what the Plan covers and what it costs and allows you to compare the Plan’s benefit options (currently Kaiser Permanente HMO, Sutter Health Plus HMO, Western Health Advantage HMO and PPO) offered to you and/or your eligible Dependents. You have the right to request and receive within seven (7) business days an SBC for the Plan’s benefits offered through each insured/HMO coverage. If you would like to receive a copy of the SBC and/or more details about your coverage, please contact the carriers directly.

G. PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (“CHIP”)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, the State you reside in may have a Premium Assistance Program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these Premium Assistance Programs. **California is NO LONGER a state that provides Premium Assistance to help pay for Medicaid or CHIP coverage; however, the Medi-Cal Program will continue to provide health, dental, and vision benefits to California’s low-income, uninsured children. Information is available at www.coveredca.com/medi-cal/.**

If you or your Dependents are already enrolled in Medicaid or CHIP and you live in a State that provides Premium Assistance, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your Dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your Dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office at **877/KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored Plan.

If it is determined that you or your Dependents are eligible for Premium Assistance under Medicaid or CHIP, as well as eligible under the Plan rules, you may enroll in your employer Plan if you are not already enrolled. The employer cannot stop you from enrolling. This is called a “Special Enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for Premium Assistance**. If you have questions about enrolling in your employer Plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling (866) 444-EBSA (3272).

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid	MAINE-Medicaid
<p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	UTAH-Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	VERMONT-Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	VIRGINIA-Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: 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
OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid	WISCONSIN-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any more States have added a Premium Assistance Program since January 31, 2022, or for more information on special enrollment rights, you can also contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

If you have any questions, please contact the Trust Fund Office at (707) 526-1996.